The correct age

PLEASE WINTE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3369

A		
OUNTY Sund Hrundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	A.A.
OR give nearestrayed TOWN	CITY (II outside porate limits, write RURL) and or TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS OCA Armapolis Blok.	STREET ADDRESS Sed Amapolis	
3. NAME OF DECEASED TAMES FRANCIS TO	CLAST) (LAST) 4. DATE (Month) OF DEATH DEATH	(Day) (Year)
6. SEX 6. COHOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthde Hunder Months Months	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Industry Jan.	MORYLAND	COUNTY S
JAMES L. BARNETT.	Deneral Sozzka	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes. no, or unknown) (II yes. give war or dates of service)	Walter Joszka Dose	ma Park.
IS. MEDICAL CELL. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Car	idiac tailing	andle
Antecedent cause(s) Diseases or conditions, if any, (b) Cpcleptic	Convulsions	years
giving rise to the above rause atating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No K
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY m. While at Not while work at work	HOW DID INJURY OCCUR!	
22. I pertify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deceder from natural courses accident , suicide , homicide , suicide , homicide , to consider the course of the cou	ased died on the dry stated above, and death in my	from the evidence opinion resulted
Dru M. Caffer M.D., Debuty Medical &	Exempin Annapoles Md	4/1/51
24. BURIAL, CREMATION / DATE THEREOF NAME OF CEMETE!	Posaris Balto, Co.	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 1/19 G W GESLUSE	Om, S. Fialkouski 200	ADDRESS 780. Trans
VJT	1140 1 .11	are

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3370

Reg. Dist. No.....

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Anne Arundel Maryland	Maryland CITY (If outside corporate limits, write RURAL and give	Queen Anne
OP give respect town) (in this place)	OR	e nearest town)
TOWN Crownsville 1 /3 years	TOWN Centerville, Maryland STREET (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crownsville State Hospital	ADDRESS not known	
3. NAME OF (First) (Middle) DECEASED George (Type or Print)	(Last) 4. DATE (Month) OF DEATH 4/15/51	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthday If under Months	l year If under 24 hrs.
male colored WIDOWED, DIVORCED, Specify Widowed	1866 84 ym. Months	Days Hours Min.
10- USUAL OCCUPATION (Give kind of work 10h. KIND OF BUSINESS OR		COUNTRY?
done during most of working life, even if retired) INDUSTRY none	Maryland	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Soloman Baynard	Bessie Taylor	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of the service)	Hospital Records	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Myroaand	ial Degeneration know	am aina
Immediate cause (a)	rar peganerarron Ku	wn since
199 2 Antecedent cause(s)		19/21/43
Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis w.	ith Cerebral Arteriosclerosis	11 11
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
none	none	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	
SUICIDE HOMICIDE none OF office bldg., etc.) INJURY	none	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF Not While at Not While INJURY none m. Work At work	none	
	1/25/52	
22. I hereby certify that I attended the deceased from 9/21/43	, 19, to 4/.42/.24, 19, that I last s	aw the deceased
alive on 4/15/51 , 19 and that death occurred at	6 A.M. m from the causes and on the date at	ated shove
SIGNATURE (Degree or title)	Crownsville, Md 4/16	5 PATE SIGNED
1 (Fland)	orowiisville, rid 4/10,	7)1
Jun Milliam M. A.		
DESCRIPTION OF THE PROPERTY OF	RY OR CREMATORY LOCATION City, town, or coup	(State)
removal 1/20/31 Minutes, 1144	school polle ling	1167
DATE REC'L BY LOCAL REGISTRAD SCNATURE	24 CUNERAL DIRECTOR	ADDRESS
7/20/5/	Homes a Hemsey 12 10 1 Bill	a po
	V [11 1 1 1 1	1,1

APR 24 1951
BUREAU V. S.

in the

PLEASE VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEAT	TH. Prunde	MARYLAND	2. USUAL RESIDENCE OF	OME) OF DEC	EASED. COUNTY	0.0	7
CITY (If outside OR give neare TOWN	corporate limits, write RUR		CITY (If outside corpora	ate limits, write I	RURAL and giv	e nearest town)	
HOSPITAL OR INSTITUTION (STREET ADDR	OR O		STREET ADDRESS N		ive location)		
8. NAME OF DECEASED (Type or Print)	(First) Howard	E. (Middle)	(Last) Bell - S.R.	OF DEATH	(Mouth) April	(Day) 20	(Year) 19 5
5. SEX 7n	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH aug. 19 1869	9. AGE last birt	thday If under Months yrs.	I year (If unde Days Hours	r 24 hrs. Min.
done during most of	PATION (Give kind of work Porking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY—	11. TRTHPLAGE (State of	nass		CITIZEN OF	WHAT
13. FATHER'S NA	unhmum	Bell	14. MOTHER'S MAIDEN	NAME Eva	vs		
	EVER IN U.S. ARMED FORCES (If yes, give war or dates describe)		17. INFORMANT				
		18. MEDICAL CE	RTIFICATION			INTERVAL BE	THE PERSON
I. DISEASES OR O	CONDITIONS DIRECTLY	LEADING TO DEATH				ONSET AND	
Immedi	ate cause (a)	Cerebral Hemory	rhage			2 hou	rs
Diseases o	ent cause(s) r conditions, if any, (b) to the above cause underlying cause last	Arterioscleros	is			20 Yea	rs
11. OTHER SIGNI	(c) FICANT CONDITIONS buting to the death but not						
related to the dis	ease or condition causing deat					1 1	777.0
19a. DATE OF OP	ERATION 196. MAJOR	FINDINGS OF OPERATION				20. AUTOPS	. /
21 ACCIDENT	(Specify) PLA	CE (Home, farm, factory, street,	(CITY OR 7	COWNI	(COUNTY)	Yes C	No Z
21. ACCIDENT SUICIDE HOMICIDE	OF INJU	office bldg., etc.) JRY	`		(00011)	(SIAIL	
OF INJURY	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work ☐ At work ☐	HOW DID INJURY OC	JUR?			
alive on	pril 18,1951, an	d that death occurred at	7 a m., from the	causes and on	the date sta	DATE SIG	NED
23. BURIAL, CRE REMOVAL (Sp	ecity) (42, 23.)	981 mt. blive	7	Vash -	, town, or count		ate)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNATURE SELL.	el Tuniral	Home -	300-4	ADDRESS X. n.C	ب
1	Elw.	Collenson			4707	46	

183 E.S.

AUNCAU POS 1984 (17)

2411 N. Charles Street, Baitimore

3372

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Anne Ar ndel MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland Anneountyndel		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)		CITY (If outside corpo OR	rate limits, write RURAL and		
HOSPITAL OR INSTITUTION O STREET ADDR	OR 218 King Ge	orge St.	STREET	King George St.	
3. NAME OF	(First)	(Middle)	(T - A)		
DECEASED (Type or Print)	MARY JOS	EPHINE BLAND	(Last)		(Day) (Year) 22, 1951 (Year)
Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widwood	s. DATE OF BIRTH April 26,1869	9. AGE last hirthday If und Month	er i year If under 24 hrs. as Days Hours Min.
done during most of	PATION (Give kind of work working life, even if retired) NITE	10b. KIND OF BUSINESS OR INDUSTRY Own Home	Annapolis	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAI	- -		14. MOTHER'S MAIDE	N NAME	
	UNHNOWN		MARY	J. MITCHEL	
15. Was DECRASED I (Yes, no, or unknown	EVER IN U.S. ARMED FORCES) (If yes, give war or dates of	? 16. SOCIAL SECURITY No.	17. INFORMANT AND	ADDRESS	
No No	Iservice) No	NONE	Mr. John D. B.	land Annapolis.	Maryland
		18. MEDICAL CE	RTIFICATION		
	CONDITIONS DIRECTLY	SCORME	Ratem	1.	INTERVAL BETWEEN ONSET AND DEATE
Immedia	te cause				2//
	ent cause(s) conditions, if any, (b)	Inleus S des	And St	est derine	Same
giving rise	to the above cause underlying cause last (c)				Jus
Conditions contrib	TICANT CONDITIONS nuting to the death but not ase or condition causing deat	Generalze	1 artenta	leves	Fruit
19a. DATE OF OPI	ERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
					Yes No 🗖
21. ACCIDENT SUICIDE HOMICIDE	OF INJU		(CITY OR		
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OF	CCUR?	
22. I hereby cer	tify that I attended the	e deceased from	, 1949, to Gril	22, 1957, that I last	saw the deceased
alive on	19. /, an	d that death occurred at (Degree or title)	ADDRESS from the	e causes and on the date	stated above. DATE SIGNED
Sease	C. Bon	c M. D	ampolis	med	4.23-51
23. BURIAL CREA REMOVAL (Spe BURIA	(cify) 4- 25, 19		emetery 24. FUNERAL DIRECTO	Annapolis Mary	int) (State)
DATE REC'D BY	LOCAL REGISTRAR'S	SIGNAM URE	24. FUNERAL DIRECTO	DR A	land
arril 24	1951 W	Touch		und Son Annapoli	ADDRESS



age

The correct

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3373

Ros Diet No.

1. PLACE OF DEATH. COUNTY Chine are all Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUNTY	aa
CITY (if orneide corporate limits, write RURAL and LENGTH OF STAY OR glve nearest town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give OR TOWN Odelwales	e nearest town)
HOSPITAL OR INSTITUTION OR Crime aremalel General	STREET (If rural, give location)	
3. NAME OP (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) MOCCU A.	USLOWN DEATH 7-	15 - 1951
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	S. DATE OF BIRTH 9. AGE last birthday If under i	Days If under 24 hrs Days Hours Min.
10% USUAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) INDUSTRY		CITIZEN OF WHAT
13. FATHER'S NAME 9. Collison	14. MOTHER'S MAIDEN NAME LABOURE	
15. Was Decreased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs Prilland Beard Catoris	ull, WI
18. MEDICAL CER	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Stomach	Several
Antecedent cause (s) Disease or conditions, if any, giving rise to the above cause	io che & Myrondial	moneta
46 de stating the underlying cause last (c) Smolet pre	in /	money.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	is whentelen	unha
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 0		20. AUTOPSY? Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April	7195/, to Amily, 195/, that I last sa	w the deceased
alive on (Afril 15, 1951, and that death occurred at	0 //	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Nenger () Joseph Min	RY OR CREMATORY LOCATION (City, town, or county	(State)
23. BURIAL CHEMATION DATE THEREOF NAME OF CEMETER	The state of the s	(STECH)
23. BURIAL/CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Cloff amapoles	Md.
22. I hereby certify that I attended the deceased from Africa.	ADDRESS m, from the causes and on the date sta	ted above. DATE SIGNE



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED-	v
COUNTY anne arundel MARYLAND	Many land	UCA
OR given earest town of the place of the pla	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
HOSPITAL OR	TOWN Translyn a	0
INSTITUTION OR STREET ADDRESS	STREET All rural, give location)	2
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	Buchall DEATH 4/	1/5/19
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday It under	1 year If under 24 hrs
(Specify) 777	6/23/1473 7 7 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or defined during most of working life, even if retired) Industry	11. BUTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Clerky Basto. (Burgan House		
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mus. F. R. Duchal	
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	. 0	INTERVAL BETWEEN ONSET AND DEATH
Mumeradel	Jane Michaelia	
Immediate cause (a)	i de la companya de l	- 100 00 00 00 00 00 00 00 00 00 00 00 00
422,2Antecedent cause(s)	i - Marolisia	
Diseases or conditions, if any, (b) giving rise to the above cause		***************************************
130 stating the underlying cause last	U	
(c)		1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No L
21. ACCIDENT (Specify) SUICIDE HOMICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE SUI	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
3/,0	51 4/12 51	
22. I hereby certify that I attended the deceased from		aw the deceased
alive on 4/11, 1951, and that death occurred at	9.15	ated ahove
SIGNATURE (Degree or title)	ADDRESS ADDRESS	DATE SIGNED
John (Schunch M.D.	1 337 J. Maris 21.	4/13/51
//PREMOVAL (Specify)	BY OR CREMATORY LOGATION (City, town, or coun	(State)
DATE REC'T BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
T/ 18/51 / W Jediel	John Hans 131	8 Lynn
1/ 1/	1 1 11	/

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH. 2. USUAL RESIDENCE (MOME) OF DECEASED. COUNTY STATE COUNTY MARYLAND LENGTH OF STAY CITY (If outside corporate limits, write RURAL and OR give nearest town) CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town) Rus (in this place) TOWN TOWN HOSPITAL OR INSTITUTION OR STREET (If rural, give iocation) ADDRESS. STREET ADDRESS (Middie) 3. NAME OF (Last) 4. DATE (Month) (Year) DECEASED DEATH (Type or Print) SHOLE, MARRIED, 8. DATE OF BURTH COLOR OR RACE 9. AGE jast birthdax If under 1 year | If under 24 hrs. Months | Days Hours | Min. (Specify) Market 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT of working life, even if retired) INDUSTRY M. MOTHER'S MAJDEN NAME 15. WAS DECRASED EVER IN U.S. ABABB A dates of (Yes, 70, or unknown) (If yes, give war of dates of 17. INFORMANT 16 SOCIAL SECURITY NO. AND 18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Cerebrel Vacent Immediate cause Antecedent cause(s) Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? (CITY OR TOWN) PLACE (Home, farm, factory, street, (COUNTY) 21. ACCIDENT (Specify) (STATE) SUICIDE office bidg, etc. INJURY HOMICIDE HOW DID INJURY OCCUR? INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from ... / April 19.57, to Jakket, 19.5%, that I last saw the deceased alive on __/aprol and that death occurred at. (Degree or title) ADDRESS DATE SIGNED SIGNATURE D'Antonio. Major, MC Ft. Meade Army Hosp.
NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF Arlington Nat'l Cemetary DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS REG. Lilly & Zeiler Inc., Baltimore

W Sorre of information carefully death clearly and legibly. ly every item the causes of d Suppl INK. INFADING I

1

WITH I

PLAINLY,

WRITE

•

VS. AJA

390906



3.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	00
CITY (If outside corporate limits, write RURAL and) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	a.a.
OR give mearest town) TOWN CALL CLERY (in this place)	OR TOWN Zin / Lieu in	e nearest town)
HOSPITAL OR	STREET (If rural give location)	4 77 4
INSTITUTION OR 305 W. Treewood Ra	ADDRESS 305 W. GAZZNUOU	rd Rd
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Vid tylla Deuse	Durke. DEATH april	7 19-5/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday If under Months West Work Work	Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry C W C		COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Storge Druce Barrell	matry Bradley.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT	2
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Lola thought - Jeh	neider
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
P. Lale P	7/40	6 days
Immediate cause (a) Cere Correl	ange	
521 Antecedent cause(8)	1-00-1-	10 81800
Diseases or conditions, if any, (h)		/ / - / - / - / - / - / - / - / - / - /
830 stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		10-152
related to the disease or condition causing death. 19a, DATE OF OPERATION 19b, MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	
SUICIDE OF office hidg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work ☐ At work ☐		
	12 4/2/ 1051	.1
22. I hereby certify that I attended the deceased from	, 19.77./, to/, 19.77., that I last so	aw the deceased
alive on april 7 1951, and that death occurred at.	//	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Cless. L. Ball, Jr. L.	intlice 4	17/51
REMOVAL (Specify) 4/10/61	ERY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S, SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. DD O COT	WM Cook Mc. 1217 St. Pa	al st

MARGIN RESERVED FOR BINDING

AGE: affidavit of James McDaniel, son of deceased, filmed 5-4-51 G132.L Also G133 5/24/51 L

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

720826

I. PLACE OF DEATE	4.		2. USUAL RESIDENCE (HO	ME) OF DECEASED.	
COUNTY	Anne Arundel	MARYLAND	STATE Maryland	COUNT	Y Queen Anne
	prporate limits, write RUR.	AL and LENGTH OF STAY	CITY (If outside corporate	limits, write RURAL and gi	ve nearest town)
OR give nearest TOWN	town) Crownsvill	e 3 mos place) da	rs Town Chester		
HOSPITAL OR	010001121	0 1 2 11000 7 44	STREET	(If rural, give location)	
INSTITUTION OF STREET ADDRES		State Hospital	STREET ADDRESS unknown	(Allen, Bitt location)	
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Susie	Ann	Burton	OF DEATH 4/25/51	19
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH 9	AGE last hirthday If under Months	1 year If under 24 hrs. Days Hours Mln.
	colored	(Specify) widowed	6/6/71	//O/ ym. (
done during most of w	ATION (Give kied of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	II. BIRTHPLACE (State or		2. CITIZEN OF WHAT COUNTRY?
Dome	orking life, even if retired)	none	Kent Island		OCCUPATION OF THE PROPERTY OF
13. FATHER'S NAM			14. MOTHER'S MAIDEN		
	Owens Wa		Susie F		
15. WAS DECEASED EV	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AND A		
(10, 110, 00 00 00 00 00	(If yes, give war, or dates of service)	*	Hospi	tal Records	
		18. MEDICAL CE	RTIFICATION		1.
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
		Cerebral Hemo	rrhage	known s	ince
Immediate	e cause (a)			KIIOWII 3	71100
331X 4-40-00-	t =====(a)			4/14/	7
Diseases or o	t cause(s)				
giving rise to	the above cause				
stanog the u	nderlying cause last				
II OTHER SIGNIEL	CANT CONDITIONS				
11. OTHER SIGNIFICANT CONDITIONS Conditions contribute to the death but not conditions contribute to the death but not contribute to the death but not contribute to the disease or condition contribute to the death but not contribute to the death but not conditions conditions contribute to the death but not conditions conditions conditions conditions contribute to the death but not condition				TCB 1/18/57	
	se or condition causing deat	INDINGS OF OPERATION	10301001010	TIMOWIT OI	1 20. AUTOPSY?
none	RATION 150. MAJOR I	INDINGS OF OPERATION	none		20. AUTOPSYT
	(2) (2) 1 DT 4	27 / / / / / / / / / / / / / / / / / / /		TITLE (CLOSE) THE TENTE	Yes No
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office hldg., etc.)	(CITY OR TO	WN) (COUNTY	(STATE)
HOMICIDE	none INJU		none	1	
TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OCCI	JR7	
INJURY	none m.	Work At work	none		
				79	
22. I hereby certi		1 1 1 7 /7 0 / 17	10 . 1/05/57	40 11 1 7 1 1	
	fy that I attended the	e deceased from 1/18/51	, 19, to 4/25/5]	, 19, that I last s	aw the deceased
alimon 4/2	,				
alive op 4/2	,				cated above.
alive on 4/2	,	d that death occurred at.5.	:10 P. m., from the c		
	,	d that death occurred at 5	:10 P. m., from the c ADDRESS sville, Md.		ated above.
SIGNATURE:	25/51 19, an	d that death occurred at 5	:10 P. m., from the c ADDRESS sville, Md.		pare signed /25/51
SIGNATURE: 28. BURIAL, OKEM: REMOVAL (Specific	25/51 19 and Arriver Thereough	d that death occurred at 5 Degree or title) Crown NAMY OF CEMETE	ADDRESS SVILLE, Md.	auses and on the date st	pare signed /25/51
SIGNATURE 28. BURIAL, ORBAE REMOVAL (Special Parties of	25/51 19, an	d that death occurred at 5 Degree or title) Crown NAMY OF CEMETE	:10 P. m., from the c ADDRESS sville, Md.	auses and on the date st	pare signed /25/51
SIGNATURE: 28. BURIAL, OKEM: REMOVAL (Specific	25/51 19 and Arriver Thereough	d that death occurred at 5 Degree or title) Crown NAMY OF CEMETE	ADDRESS SVILLE, Md.	auses and on the date st	DATE SIGNED 25/51 (State)
SIGNATURE 28. BURIAL, ORBAE REMOVAL (Special Parties of	25/51 19 and Arriver Thereough	d that death occurred at 5 Degree or title) Crown NAMY OF CEMETE	ADDRESS SVILLE, Md.	auses and on the date st	DATE SIGNED 25/51 (State)

NOTE: In addition to aff. used (other side), see Dr.Morgantstern's letter (under Burton) filmed 5-7-51 Gl32 showing that Crownsville awaits ruling fromMENTIL HYGIENE on these amendments of death records. L (ok'd by BFVA) Crownsville's informant is same as our informant on affidavit. L



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dlst. No.....

1. PLACE OF DEATH	1 2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY A. A. MARYLAND	STATE Md. COUNTY a.a.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate fimits, write RURAL and give nearest town)
TOWN CHEKAHA SEACH	TOWN CACHAROL BEACH
HOSPITAL OR INSTITUTION OR //A/D	ADDRESS // D (If rural, give location)
STREET ADDRESS 1106 119 ENGLAE AMOR	106 Keverpada Whive
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) / Macalla Cold	DEATH Upine 20 195)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specificary)	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 bra. 4 /2 7 / 87 7 3 yrs. If under 24 bra. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kent or Hasings of done during most of working iffe, eyen if retired)	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Valionary Macheen abattour	Jensu any
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
(anknown) COKE	unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or anknown) (II yes, give war or dates of	17. INFORMANT AND ADDRESS
120 service) ~~~ N3-05-8146	Barbara iske Urehard Brack 4.4.Co.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
Immediate cause (a) Acute myora	ideal infanction 2 hrs.
4120 Antecedent cause(s)	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Diseases or conditions, if any, (b) Calglature at	au jaune
stating the underlying cause last	not
(c) 10 gjenen	rion Ruoun
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	arteriorclinis mot proun
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes 🗆 No 🗷
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?
INJURY m. Work At work	
Mha 3	10 1050 Ala 20 1051 2111
22. I hereby certify that I attended the deceased from	0, 1950, to 4, 20, 1951, that I last saw the deceased
alive on 18, 1951, and that death occurred at.	11:15.A.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Raudall M. McLaughlin, M.D.	Pasadena. Md. April 20, 1951
REMOVAL (Specify)	CRY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
april 21 " 1951 R.W.	With Gook Suc. 12/7 St. Paul ST.
	582406

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1000							
1. PLACE OF DEATH COUNTY	Anne Aru	MARILAND	2. USUAL RESIDENCE STATE Maryl	and	COUNTY		
CITY (If outside co OR givo nearest TOWN	town) Crownsvi		OR Balti		RURAL and giv	e nearest town	1)
HOSPITAL OR INSTITUTION OF STREET ADDRES	crownsv:	ille State Hospita	STREET ADDRESS 180	(If rural.)8 Madison	give location) Avenue		/
3. NAME OF DECEASED (Type or Print)	(First) Charles	(Middle) Fenton	(Last) Coates	4. DATE OF DEATH	(Month) 4/25/5		(Year) 19
6. SEX	color or RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	78(?)	yrs.	Days If under	Min.
	ATION (Give kind of work orking life, even if retired)	10b. Kind of Business or Industry	11. BIRTHPLACE (Sai			COUNTRY?	WHAT
13. FATHER'S NAM	not known		14. MOTHER'S MAIDE	not know	m		
(Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If you give war or dates is service)		17. INFORMANT ANI	ospital R			4:
		18. MEDICAL CE			<u> </u>	1	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BI ONSET AND	
Immediate	cause (a)	Chronic Myoc	arditis		known s	ince	
Immediate	cause				fiftee	n years	
giving rise to	conditions, if any, (b) the above cause inderlying cause last				1 11 000	J. y Cal S	
	(c)					1	
Conditions contributed to the disease	CANT CONDITIONS uting to the death hut not se or condition causing deat	h. Schizophreni	c, Paranoid Ty	pe known	since l		
19a. DATE OF OPE	RATION 19b. MAJOR I	FINDINGS OF OPERATION				20. AUTOP	SYI
no	one	none				Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bidg., etc.) JRY	(CITY OF nohe	R TOWN)	(COUNTY)	(STAT)	£)
TIME (Month) OF INJURY	(Day) (Year) (Hour) NONE m.	INJURY OCCURRED While at Not While Work At work	none	OCCUR?			
22. I hereby certical alive on 4/20 SIGNATURE. 24. BURIAL, CREM. REMODAL (Specific Reports)	5/51 , 19 , an	d that death occurred at	1:00 R.m., from the ADDRESS ville, Md.	he causes and o		ated above. DATE SIG	
DATE REC'D BY	11-0/3	SIGNATURE SIGNATURE	A FUNERAL DIRECT	Hemsley	518W/	ADDRESS SUACE	24
					19116	100	



200
e correct
다
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.
INE
NFADING Physicians:
WITH U
LAINLY,
E P
KIT
1
AST
PLE

Iten #9 on: ww FAM NO. G 132/ MARYLAND STATE DEPARTMENT OF HEALTH 1 3 2 APR 26 1951 2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Anne Arundel MARYLAND	STATE Maryland Raktiment Havre De Grace,
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) TOWN Crowns ville STATE WAYS (in this place)	Town Havre De Grace, Maryland
HOSPITAL OR	STREET (If rural, give location)
INSTITUTION OR STREET ADDRESS Crownsville State Hospital	ADDRESS 516 Freedom Alley
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED (Type or Print) Amos	Collins OF April 14 1951
6. COLOR OR RACE 7. SINGLE, MARRIED.	8 DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs
male Negro WIDOWED, DIVORCED, (Specify) SINGLE	Seela 3 1930 20 23 yrs. Months Days Hours Min.
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	12. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY'S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Baker	Mrs. Lila Cohn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of service)	Ou Jan Collins
18. MEDICAL CI	ertification
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
	Known to
Immediate cause (a) Pulmunary Tubero	ulosis
Antecedent cause(s)	us since
Diseases or conditions, if any, (b)	[A1] A
giving rise to the above cause stating the underlying cause last	Sept.30.4
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
	40 4/34 53
22. I hereby certify that I attended the deceased from 9/30/4	$\frac{48}{19}$, $\frac{4}{14}$, $\frac{51}{19}$, that I last saw the deceased
11 A/1A/ 1051 and that death accounted at	5;45. P.m., from the causes and on the date stated above.
signature: (Degree or title)	ADDRESS DATE SIGNED
SIGNATURA	
(Carb Myriguation In.).	
	ERY OR CREMATORY LOCATION (City, town, of county) (State)
Sureal luper. O, 1512 1 Wille	
DATE REC'D BY LOCAL BEGISTRAR'S SIGNATURE	24. PUNERAL DIRECTOR ADDRESS
Oriels M. M. Mal	19.11/aarson/Mchell
	Havrede Mace, grand.



The corre

PLEASE WEATE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for addition of 21 shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

3381

132 APR 13 1951 FOR MEDICAL EXAMINERS

Reg. Dist. No. 21 & 23

1. PLACE OF DEATH- COUNTY Anne Arundel	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	YArundel
CITY (If outside corporate limits, wri	DIDAL and LENICHH OF CHAV	CITY (If outside corporate limits, write RURAL and gior Town Pasadena P. O.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS The Vil		STREET (If rural, give location) ADDRESS The Villas, Lake Shor	e Drive
3. NAME OF (First) DECEASED (Type or Print) MARGARE	(Middle) T MARY	CRAFT 4. DATE (Month) OF DEATH April	(Day) (Year) 3 1951
5. SEX 6. COLOR OR F Female White		8. DATE OF BIRTH 9. AGE last birthday If under Oct. 17.1914 36 yrs. Months	200
10a. USUAL OCCUPATION (Give kind done during most of working life; exen if	of work 10b. Kind of Business or retired) INDUSTROWN HOME	Oregon, (Portland)	2. CITIZEN OF WHAT COUNTRY? U.S.
Gilbert Jo	hnson	Agnes Of Lonnell	
15. Was DECEASED EVER IN U.S. ARMED (Yes, new unknown) (If yes, give war of service)	Forces? 16. Social Security No. 550-16-8029	William J. Craft, Pasadena P. C).
	18. MEDICAL C	ERTIFICATION	17
I. DISEASES OR CONDITIONS DIRI	ECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
903,0 Immediate cause	(a) Skull fracture		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(U/	rachnoid hemorrhage	
II. OTHER SIGNIFICANT CONDITIC Conditions contributing to the death brelated to the disease or condition cau	ut not		
19a. DATE OF OPERATION 19b. M			20. AUTOPSY?
		(CVEV ON BOOM)	Yes No 🗆
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH. TIME (Month) (Day) (Year) (COUNTY Pasadena PO How DID INJURY OCCUR?	(STATE)
OF INJURY 4/3/51 - 12 mg		fell to floor while intoxicat	ed
obtained by said Autopsy, Inspe	ne remains described above, held an ection or Inquiry, find that said decident , suicide , homicide , (Degree or title)	Autopsy , Inspection , Inquiry thereon and ceased died on the day stated above, and death in my , undetermined . ADDRESS	from the evidence opinion resulted DATE SIGNED
William Usoots	700	Fleet St., Balto 2, Md. April	4, 1951
23. BURIAL, CREMATION DATE		ERY OR CREMATORY LOCATION (City, town, or country Baltimore.	ty) (State)
	BAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/0/01	110000	Thomas W. Singleton; Gle	Md.

APR 9 1951

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

CERTIFICAT	E OF DEAT	Н	Reg. Dist. N	o2.1	••••••
1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (H		COUNT	14.170	_
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corpora OR TOWN	te limite, write	RURAL and gi	ve nearest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS A A. Sen - Freshetze	STREET ADDRESS	(If rural,	give location)		
3. NAME OF (First) (Middle) DECEASED (Type or Print) Q Ques (Middle)	Jerry	4. DATE OF DEATH	(Month)	1	Year)
5. SEX 6 COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Machieut	mar 28 1910	9. AGE last bir	yrs. Months	1 year If under Hours	24 hr Mfn.
done during most of working life, even if retired) 10b. Kind of Business or Industrial	11. BIRTHPLACE (State of	side	y) 1	2. CITIZEN OF Y	WHAT
Hubry matthews	14. MOTHER'S MAIDEN	NAME	Bro	un	
15. Was Decrased Ever In U.S. Armed Forces? (Yes, no, or maknown) (If yes, give war or dates of service)	17. INFORMANT AND	ADDRESS	Venne	(Aus	lan
18. MEDICAL CE I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	3	0	INTERVAL BET ONSET AND D	
Immediate cause (a) Diabete: Co	ma	•••	***************************************	19	D
Antecedent cause(s) Diseases or conditions, ff any, giving rise to the above cause	= Heart Di	slase	***	7	P-100011100
stating the underlying cause last (c)					
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				7	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION				Yes P	Y?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR T	OWN)	(COUNTY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?			
22. I hereby certify that I attended the deceased from 7-/-					sed
alive on, 195, and that death occurred at	6:05 Pm., from the ADDRESS	causes and o	n the date st	ated above. DATE SIGN	NED
	Clige ave a		li,	4/2/5	-/
RUMOVAL TRIBUTED ALL IN I CAN 1 4 5	24. FUNERAL DIRECTOR	Sherol	y, town, or coun	124	10)
april 3, 195/ Jonneh	Humu A	704	man	ADDRESS	2



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH



1. PLACE OF DEATH.		STATE COUNTY			
MARYLAND MARYLAND		Md. A.A.			
CTTY (If outside corporate limits, write RURAL and OR give nearest town) Brooklyn 1 k. (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brooklyn Fk.			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS 5321	(If rural, give locat 4th Street	ion)	
3. NAME OF DECEASED (Type or Print)	(First) LEO P.	(Middle) DEVLIN	(Last)	4. DATE (Month OF DEATH 4/2	h) (Day) (Year) 1/5I 19
5. SEX M	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 12/16/1898	52 yrs. M	under 1 year II under 24 hrs. onths. Days Hours Min.
done during most of Mine	ATLON (Give kind of work corking life, even if retired)	INDUSTRY Lehigh Co.	Pennsylvania		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Patrick		Mary	?		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyear, give war or dates of Bervice)			17. INFORMANT AND ADDRESS Family - Same		
I. DISEASES OR C	ONDITIONS DIRECTLY I	18. MEDICAL CE	RETIFICATION Seart Se	ilare	INTERVAL BETWEEN ONSET AND DEATH
Antecede	nt cause(s)	aurifula	Fibriel at	tou aud	
1 3 W statiog the	to the above cause underlying cause last	hypertension	<u> </u>		
Conditions cootrib	ICANT CONDITIONS outing to the death but not use or condition causing death	. 1			
19a. DATE OF OPE	ERATION 19b. MAJOR F	INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	E (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (COU	JNTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?	
	el L. Lelie	deceased from Jul. 1 d that death occurred at (Degree or title) L NAME OF CEMETE	ADDRESS ast Chase		4/23/51
DATE REC'D BY	(city) 4/25/5I	Sky View	24. FUNERAL DIRECTO	Tamagu	
REG.	1951 Adam.	Vehitana	gun Lace		E. Fort Ave.
		C		650	216



The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3384

			21	
leg.	Dist.	No	of 1	

1. PLACE OF DEATH- COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Y
CITY (If outside corporate limits, write RURAL and OR give present town) TOWN (in this place)	CITY (If outside corporate limits, write RURAL and give TOWN Lural)	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, five location)	
3. NAME OF CF (First) (Middle) (Type or Print) Carallat.	Orman M GEATH (Month)	(Day) (Year) 10 19.57
6. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	Dellarch 1:1700 / yrs. 1	I year If under 24 hrs. Days Hours Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT COUNTRY?
Earnest I Horman Sr.	Marsouth Butter	
15. Was Decrased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS TYME	asceretti del.
18. MEDICAL CE	RTIFICATION	1/
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	0 - 1 -0.	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	diac pailure ent Deserv	2dy
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	at Deser	191.
(c) 1i. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	1.00
22. I hereby certify that I attended the deceased from 4/9	, 195/, to 4/10 , 195/, that I last a	aw the deceased
alive on	ADDRESS (may have and on the date st.	ated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATORS	24. FUNERAL DIRECTOR	ADDRESS
april 1, 195 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	July museu (mules)	estell.



The correct age

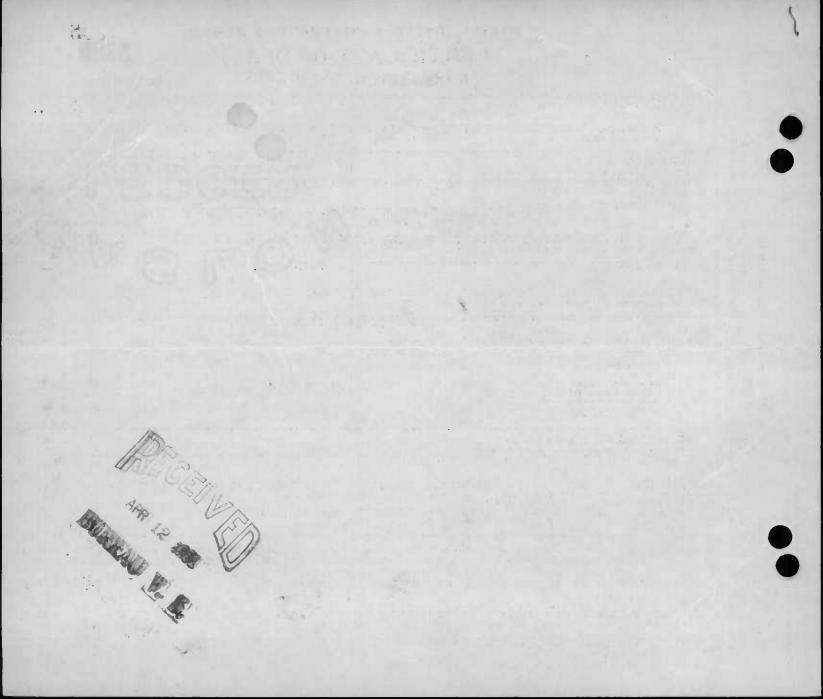
響

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

3385

	neg. Dist. N	U
1. PLACE OF DEATH- COUNTY Hour Armael MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	7.17.
OR give negreet to be the Town	CITY (If outside corporate limits, write INIRAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GUEENTILE ROAL	ADDRESS Singer ville (a)	ad.
3. NAME OF DECEASED (First) TOHN	DUNN GEATH HPY-	(Day) (Year) 9 1951
5. SEX MALE 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED.	8. DATE OF BIRTH 9. AGE last birthday If under Months	i year If under 24 hrs Days Hours Min.
done during most of done dispersion of the dispersion of the done during most of done	11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT COUNTRY . S. A.
13. FATHER'S NAME Bluard Dum	14. MOTHER'S MAIDEN NAME KELLY	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 15. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes, give the or dates of service)	Mrs. M. J. Sum Elgerson	ter M
18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Acute Dila	tation of Heart	Oukken
Antecedent cause(s) Diseases or conditions, if any, (b) Cardio VOS	cular hispertensine diseas	cutam
giving rise to the above cause stating the underlying cause last	me llitas	200 more
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No R
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) (CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY	
Time (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not while INJURY m. work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: naty all causes X, accident , suicide , homicide , SIGNATURE (Degree or title)	Autopsy , Inspection & Inquiry & thereon and eased died on the dry stated above, and death in my undetermined	from the evidence opinion resulted DATE SIGNED 4/9/5/.
REMOVAL (Specify) 4-12-51 Resluce 18	RY OR CREMATORY LOCATION (City, town, or cour	ne
PRIL 12 1951	John M. Lugh Son Co	ADDRESS
Edward Collinson	VN506	ml.



VS. A15 -

MARYLAND STATE DEPARTMENT OF HEALTH

3386

2411 N. Charles	Street, Ballimore	100
Item 9 on: CERTIFICAT	E OF DEATH Reg Dist No.	20
HMNO. G 130 MAY 14 1951	E OF DEATH Reg. Dist. No	•
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	A A
COUNTY ANNE ARUNDEL MARYLAND	STATE MARYLAND COUNTY	A.A.
CITY (If outside corporate limits, write RURAL and OR give nearest town) CHURCH TON LIRAL CHURCH TON 2 MONTHS	CITY (If outside corporate limits, write RURAL and giv OR TOWN RURAL	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS CHURCHTON	
(Type of Titue)	(Last) 4. DATE (Month) OF DEATH APR,	(Day) (Year) 27 = 195/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	DATE OF BIRTH 9. AGE last birthday If under Months.	Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DETECTIVE 10b. KIND OF BUSINESS OF INDUSTRY RAILROAD	MARYLAND	. CITIZEN OF WHAT COUNTRY?
LYCURGUS EAGLE	14. MOTHER'S MAIDEN NAME SARA WILLIAMS	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of mervice) 7/8-10-6420	17. INFORMANT AND ADDRESS 50N - CHURCHTON P.O. MA	RYLAND
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- ^ 0 . 6	ONSET AND DEATH
Immediate cause (a) ANGINA PECT	U/(/)	4YRS
120.2 Antecedent cause(s)	AC VALVULAR DISEASE.	
932 Diseases or conditions, if any, (b) CARON CARON Giving rise to the above cause stating the underlying cause last		0.0000000000000000000000000000000000000
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		36 MF 68 68 614655566666 (*****************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NUCLDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from MAR.	2, 1957, to APR, 27, 1957, that I last sa	w the deceased
alive on 25 APR., 195 , and that death occurred at	ADDRESS ADDRESS	ated above. DATE SIGNED
Tallament 2 Jameaste	ex M.O. Church ton, Maryland	ap. 27/57
23. BURIAL, CREMATION DATE NAME OF CEMETER REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, 6wn, or county	y) (State)
DATE RECIVEY LUCAL REGISTRAR'S HIGHATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 6/27/97 8 V. Claylon	Tobert a. Grankhaus	Both.

7 18-10-6420



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3383

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL DESIDENCE (HOME) OF DECEASED COUNTY	A. A.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR givo nearest town) that the place)	CITY (If outside corporate Maiss, water RURAL and give OR TOWN	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF DECRASED (Middle) (Middle) (Type or Print)	(Last) 4. DATE (Month) OF DEATH AAA.	(Day) (Year) 212 1967
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWN		I year If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work) done during most of working life, even if retired Industry		COUNTRY?
13. FATHERS NAME Colvards	11. MOTHER'S MAIDEN NAME (unk	nom_)
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	17. NOTOMANT AND ADDRESS	
18. MEDICAL CE	REFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ne Condo-vascolar	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause 443X Antecedent cause(s) Diseases or conditions, if any, (b)	ne Condo-vascular	
giving rise to the above cause stating the underlying cause last		00 00 00 00 10 10 00 00 0 0 0 0 0 0 0 0
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	7
22. I hereby certify that I attended the deceased from 4-46	- KJ9 , to 4 - 2 5- 5, 19 , that I last ss	
alive on	ADDRESS ADDRESS	ated above. DATE SIGNED
DELMONAL (Consider)	RY OR CREMATORY LOCATION (City, town, or count	7) (State)
1/401, 28/21 How wes		Post.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Himle H.	ADDRESS
12 / / / / / / C	and otimas	testis
Ø/ 0	000000	

RECEIVED

MAY 1 1951

BUREAU V. S.

4. / : 4

2411 N. Charles Street, Baltimore

3388

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY AMARYLAND MARYLAND	STATE AME ALL COUNTY	ľ
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	o nearest town)
OR givo nearest town) (in this place)	TOWN Brookles	
HOSPITAL OR	STREET (I rural, give location)	
INSTITUTION OR	ADDRESS / 1001, 12 M	- 1 D1
STREET ADDRESS	1 7024 Belle / 10	0 / 1801
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) QAAUL 6	FIRES DEATH (NOVEL	24 1951
6. COLOR OR HACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under	I year If under 24 hrs
Herale Will WIDOWED, DIVORCED (Specify)	WTW 4. (12 8, 18 5) 43 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work of the done during prost of working life, even if retired) INDUSTRIAL OF BUSINESS OR		CITIZEN OF WHAT
		COUNTRY
13. FATHER'S NAME	14. MOTHERS MAIDEN NAME	45
The state of the s	IN MOTHERS MAIDEN NAME	
fallen foronton	ouz avera o a au	in cly
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. THORMANT ADDRESS	in to
(Yes, no, or unknown) (If yes, give war or dates of service)	11 Warel 40 7 rule 40 24 /30	le Kruck
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
I. DISEASES ON CONDITIONS DINECTED ENABING TO DEATH		ONSET AND DEATH
Immediate cause (a) Corebral he 33/X Antecedent cause(s) Diseases or conditions, if any, (b) Hypert Curic	morrage	5 week
Immediate cause (a)	·····	
Antecedent cause(s) By next Curs	m	1000
Diseases or conditions, if any, (b)	9 J	. +4.40 (
giving rise to the above cause stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	· · · · · · · · · · · · · · · · · · ·	
22. I hereby certify that I attended the deceased from 2-3	19 31 to 4-24 1981 that I last of	bosoned the
1 11	ing to increase of the contraction of the contracti	aw one deceased
alive on 19.5, and that death occurred at.		
77 (1.1.)		
SIGNATURE: (Degree or title)	2.454m., from the causes and on the date sta	
SIGNATURE Receive No.	2.454m., from the causes and on the date sta	ated above.
rugue fleister No	2.454m., from the causes and on the date standards 3904 S Honore	ated above.
rugue fleister No	2.454m., from the causes and on the date sta	ated above. DATE SIGNED
rugue fleister No	2.454m., from the causes and on the date strand	ated above. DATE SIGNED
25. BURNAL, CREMATION DATE THEREOF NAME OF CENTETE REMOVAL (Spectly) DATE RECO BY LOCAL REGISTRAR'S SKNAPURE	2.454m., from the causes and on the date strand	ated above. DATE SIGNED
25. BURNAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE RECO BY LOCAL REGISTRAR'S SIGNATURE REG.	ADDRESS 3904 SHOWS RY OR CREMITORY LOCATION (City, town, or count Out Date 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	ated above. DATE SIGNED (State)
25. BURNAL, CREMATION DATE THEREOF NAME OF CENTETE REMOVAL (Spectly) DATE RECO BY LOCAL REGISTRAR'S SKNAPURE	ADDRESS 3904 SHOWS RY OR CREMITORY LOCATION (City, town, or count Out Date 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	DATE SIGNED (State)

254 98 mars

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

3389

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED.	nv
Maryland Anne Arund	el
) OR	ive nearest town)
STREET (If rural, vive location)	
II ADDRESS	
(Last) 4. DATE (Month)	(Day) (Year)
RDNER DEATH APRIL 27	. 1951 19
8. DATE OF BIRTH 9. AGE last birthday If unde	1 year III under 24 hrs.
D, July 24, 1873 77 ym. Months	Days Hours Min.
OR 11. BIRTHPLACE (State or foreign country)	2. CITIZEN OF WHAT
Clarksburg, West Virginia	COUNTRY? USA
14. MOTHER'S MAIDEN NAME	
Sally Wright	
D. 17. INFORMANT AND ADDRESS	
Mra. Virginia Loper Wheeling	West Virginia
CERTIFICATION	
	INTERVAL BETWEEN ONSET AND DEATH
R , 1	S. A
- a aletun	1 19 com
***************************************	· · · · · · · · · · · · · · · · · · ·
lusio	Saral
N .	20. AUTOPSY?
	Yes 🗆 No 🖶
reet, (CITY OR TOWN) (COUNTY	
HOW DID INJURY OCCUR?	
1948 to affect 1957 that I last	saw the deceased
10	
ADDRESS m., from the causes and on the date s	tated above. DATE SIGNED
0 1 2 0	4
Generalia m	4.21.
ETERY OR CHEMATORY LOCATION (C)	4.285
ETERY OR CHEMATORY LOCATION (City, town, or cour	4 · 38 5
ff Annapolis, Md.	
ff Annapolis, Md.	ADDRESS
	May City (if outside corporate limits, write RURAL and gor Town Annapolis, Md STREET (if rural, give location) ADDRESS 50 Southgate Ave. (Last) 4. DATE (Month) OF DEATH APRIL 27 D. S. DATE OF BIRTH 9. AGE last birthday If under Months of II. BIRTHPLACE (State or foreign country) Clarksburg, West Virginia 14. MOTHER'S MAIDEN NAME Sally Wright 17. Informant And Address Mrg. Virginia Loper Wheeling CERTIFICATION CERTIFICATION (COUNTY) HOW DID INJURY OCCUR?

RECEIVED MAY 1 1951

BUREAU V. S.

3390

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COLINTY	STATE COUNT	Υ
Anne Arundel MARYLAND	Maryland An	ne Amindel
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (H outside corporate limits, write RURAL and given OR	re nearest town)
OR give nearest town Burnie (in this place)	s TOWN Glen Burnie	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 206 Georgia Ave. N.E.	ADDRESS 206 Georgia Ave. N.	E
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) Arno Alwin (Arthu	r) Gehre DEATH April	10 19 51
S SEY A COLOR OF PACE 17 SINGLE MARRIED	8. DATE OF BIRTH Alex AGE last birthday If under	1 year If under 24 hrs.
Male White WIDOWED DIVORCED. (Specify) Married.	- May 20.1878 72 yrs. Months	Days Hours Min.
Marine mest of werking life even if retired) Maraneake Ferry	~	COUNTRY?
Marine Engir (Retired) Matabeake Ferry	Germany	U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
UNKNOWN	UNKNOWN	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT 26 Georgia	Ave. N.E.
(Yes, no, or unknown) (If yes, give war or dates of 214-03-1901 A	Mrs. Amanda Gehre, Glen Burn	e Md
18. MEDICAL CER		1 1100
	MILICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
(ALDIIALII T	isaulores	6 M
Immediate cause (a) WWWY	refullions	0,70
420.1.		
Antecedent cause(s) Diseases or conditions, if any, (b)		
94 a giving rise to the above cause astating the underlying cause last	\$\$00 mil \$ \$\$\pi\$ \$100 mil \$10	. 98 98 98 98 100144 (000 1000-1000-1000-1000-1000-1000-1000
7 4 atating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		V
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE	(CITTOR TOWN) (COUNTY)	(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not While Work At work		
	- 2/2-	
22. I hereby certify that I attended the deceased from	PS/ to S/10 PD/ that I lest a	borooph at we
	/	
alive on	ADDRESS ADDRESS	ated shove
SIGNATURE (Peglee or title)	ADDRESS A	DATE SIGNED
all of Million all Mill	Illand Malerina Miles	. 10 -1
CAMANA KININ KANDULAN IIKIV	suu suurice, mi.	4-19-51
23. BURIAL, CREMATION DATE THEREOF INAME OF CEMETER	Y OR CREMATORY LOCATION (City, town, or count	ty) (State)
BurMoyal (Specify) April 13,1951 Loudon	Park Baltimore, N	id.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Disc 4/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1		
7,701	Thomas W. Singleton, Glen I	Burnie, Md.
	211	2546

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

194

REGEL V. S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY Anne Arundel	MARWINE	2. USUAL RESIDENCE (HON STATE Maryland	ME) OF DECEASED.	OUNTY City
CITY (If outside corporate limits, write RURA OR give nearest town) Crownsville TOWN	MARYLAND LENGTH OF STAY Xim chirt place)	CITY (If outside corporate OR Baltimore	limits, write RURAL	
HOSPITAL OR	State Hospital	STREET	(If rural, give locat Lafayette A	
3. NAME OF (First) DECEASED (Type or Print) Flora		(Last) 4	OF DEATH 4/16	, - (= -5)
6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	8. DATE OF BIRTH 9.	AGE last birthday If M	under I year If under 24 hrs. lonths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, twen if retired)	10b. Kind of Business or Industry none	11. BIRTHPLACE (State or fo not known	reign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME not know	n	14. MOTHER'S MAIDEN NA	not known	
15. WAS DECEASED EVER IN U.S. ARMED FORCES: (Yes, no, or unknown) (Alignor glys) war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND AD Hospital	Records	
	18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	General Pares	is	know	m since
Antecedent cause(s) Diseases or conditions, if any, (b)				9/16/50
36 d giving rise to the above cause stating the underlying cause last				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.			
19a. DATE OF OPERATION 19b. MAJOR F				20. AUTOPSY?
none I		none		Yes No
SUICIDE HOMICIDE none INJU		(CITY OR TOW none		JNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY NONE m.	INJURY OCCURRED While at Not While Work At work	none	R?	
22. I hereby certify that I attended the	deceased from 9/16/50	, 19, to 4/16/51	., 19, that I	last saw the deceased
alive on 4/16/51, 19 and SIGNAPURA	d that death occurred at.5.	45 P.M. fn., from the car	uses and on the da	ate stated above. DATE SIGNED
heat thronusell	- h ' Cro	wnsville, Maryland	1	4/16/51
23 BURIAL, CREMATION DATE THEREO REMOVAL (Specify) 4/19/19	1 MIT. aul	urn Cem 13	ATIONALTY, town, o	Ma.
DATE REC'D BY LOCAL (AEGISTRAD'S REG.	W Hedris	Vac Natie K. U.	Elians,	Schrody St
			(10.1	601

2411 N. Charles Street, Baltimore

3392

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
MARYLAND MARYLAND	mayland a. a.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corpora e limits, write RURAL and give nearest town)
OR give nearest town) Fullship (in this place)	TOWN Frendship.
HOSPITAL OR	STREET (If rural, give locatioo)
INSTITUTION OR STREET ADDRESS	ADDRESS
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Priot) Maggie Rul-	gray DEATH afeil 22, 1981
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED	DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs.
WIDOWED, DIVORCED, (Specify)	1 Line 2. 1880 70 yrs. Months. Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	Tou Backle & COUNTRY?
13. FATHER'S NAME	1 14. MOTHER'S MAIDEN NAME
Dinis Red.	X Named - Class Jones
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, uo, or unknown) i (If year, give war or dates of	1. INFORMANT AND ADDRESS
service) has ho.	1 John N. Mulenill, Flendshipm
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
0	
Immediate cause (a)	unmage.
33/X Antecedent cause(s)	
la a a la a	tinain + arteurdinis
Diseases or conditions, if any, (b)	much & availant
stating the underlying cause last	
H. OTHER SIGNIFICANT CONDITIONS	**************************************
Conditions contributing to the death but not	
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	i AA A TYPO DOTTO
192. DATE OF OPERATION 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
ume - 1	Yes No 🔼
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE 14.0	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE 1/0 INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While	HOW DID INSURT GOODIE
INJURY m. Work At work	
22. I hereby certify that I attended the deceased from akid 2	0 1051 4 0 6 1/ 2210 51 0 4 514
22. I hereby ceruly that I attended the deceased from A.	, 19.5.1, to, 19.5.1., that I last saw the deceased
alive on akul 2/ 1951, and that death occurred at.	11:36 m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
	1 1 1 1
Lough. Wellen M.D.	Lalley, ma. 1/23/51
	RY OR CREMATORY LOCATION (City, town, or county) (State)
REMOVAL (Specify) 4-25-51 mt Hop	e. Calvert C1 md
DATE REC'D'BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
123/1-1 7-64 41/acs	P. E. Seevell Tringe Frederick mis
-1/1/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	in the state of th
1 you way as	700836



correct

carefully.

MARGIN RESERVED FOR BINDING, WITH UNFADING INFORMATION important. Physicians: please write the causes of death clearly an

PLAINLY, is especially

WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3393. Reg. Dist. No. 2/

1. PLACE OF DEATH. 2. USUAL BESIDENCE (HOME) OF DECEASED. COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) givo negrest town) (in this place) TOWN TOWN HOSPITAL OR STREET (If rural, give location) INSTITUTION OR ADDRESS STREET ADDRESS 3. NAME OF (Middle) (First) (Last) DATE (Day) (Month) (Year) DECEASED OF (Type or Print) DEATH 192 5. SEXA 6. COLOR OR RACE SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last hirthday | If under 1 year If under 24 hrs. WIDOWED, DIVORCED, (Specify) Manila Months | Days | Hours | Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, evon If retired) INDUSTRY COUNTRY? titled en tarm und 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME nknoun nown 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. AND ADDRESS (Yes, no, or unknown) | (If yes, give war or dates of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONBET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes [No D 21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE) SUICIDE office hldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not While Work INJURY At work 22. I hereby certify that I attended the deceased from 3.12.3. that I last saw the deceased, and that death occurred at... 13 /1.m., from the causes and on the date stated above. alive on 193. SIGNATURE (Degree or title) ADDRESS DATE SIGNED an 23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR LOCATION (City, town, or county) (State) DATE REC'D BY LOCAL REGISTRAR'S SIGNA PURE 24. FUNERAL DIRECTOR ADDRESS REG.



E KNOTE

PLAINLY, is especially i

WRITE

PI,EASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY STATE Maryland Anne Aftwire Anne Arundel MARYLAND CITY (If outside corporate limits, write RURAL and I LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) give nearest town) (in this place) TOWN Annanolis Life TOWN Annapolis HOSPITAL OR STREET 18 Hill Street INSTITUTION OR Homewood Convlesent Home ADDRESS STREET ADDRESS 3. NAME OF (First) (Mlddle) (Last) 4. DATE (Month) (Day) (Year) DECEASED MARY GRONER APRIL 11, 1951 (Type or Print) DEATH 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE last birtbday | If under 1 year | If under 24 hrs. WIDOWED, DIVORCED, June 2, 1869 Mpribs | Days | Hours | Min. White Female (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTRY Housewife Own home Annapolis Maryland
14. MOTHER'S MAIDEN NAME Unknown Unknown 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS None "artwell L. Groner Annapolis, Md. 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY Yes 🗍 No F 21. ACCIDENT PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (Specify) (CITY OR TOWN) (COUNTY) (STATE) SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED HOW DID INJURY OCCUR? While at Not Wblle Work | INJURY At work 22. I hereby certify that I attended the deceased from 3-4 - 11, 1951, that I last saw the deceased alive on SICHATURA ADDRESS (Degree or title) DATE SIGNED 23. BURIAL, REMATION REMOVAD (Specify) DATE THEREOF NAME OF CEMETERY OR CHEMATORY LOCATION (City, town, or county) April 13,51 Cedar Bluff Cemetery Annapolis, Maryland RECISTRAR'S SIGNATURE DATE REC'D BY LOCAL 24. FUNERAL DIRECTOR ADDRESS B.L. Hopping and Son Annapolis, Md.



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

100105

1. PLACE OF DEATH.	MARYLAND	2. USUAL RESIDENCE STATE	(HOME) OF DE	CEASED. COUNT	Y A A
OR give nearest town)	RAL and LENGTH OF STAY (in this place)	CITY (If outside corpo OR TOWN	rate limits, write	RURAL and gi	ve nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	fivellimd.	STREET ADDRESS	(If fural,	give location)	
3. NAME OF DECEASED (First) Richard	(Middle)	Hall	4. DATE OF DEATH	(Month)	(Day) (Year) 23 195
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED.	LOVY IR 94		theny If under Months	1 year If under 24 hr. Days Hours Min
10g. USUAL OCCUPATION (Give kind of worldone during most of working life, even if retired)		11. BURTAPLACE State	or foreign country	1	2. CITIZEN OF WHAT COUNTRY? 2/5.
13. FATHER'S NAME	el a	14. MOTHER'S MAIDE	NAME		
15. Was DECRASED EVER IN U.S. ARMED FORCE (Yes/no or unknown) (II yes, give war or dated service)	BS? 16. SOCIAL SECURITY NO.	17. INFORMANT	les	Hal	2
	18. MEDICAL CE	RTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cerebral Va	revlay Asc	dert		340-
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Hypertensire	CVRM	isease L		Unkran
(c) 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		a alcayse	ns after		4 hrs.
related to the disease or condition causing de-					20. AUTOPSY?
ISA. DATE OF OTERATION					
SUICIDE	ACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN)	(COUNTY	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY O	CCUR?		
22. I hereby certify that I attended to alive on 201, 195, a SIGNATURE 23. BURIAL, CREMATION DATE THERE	and that death occurred at (Degree or title)	ADDRESS from the		on the date s	tated above. DATE SIGNED 2 3aby 51
DATE REC'D BY LOCAL REGISTRAR.	Secretary Charles	24. FUNERAL DIRECT	Berry	12 1	ADDRESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

7S. A15

BUREAU V. S.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

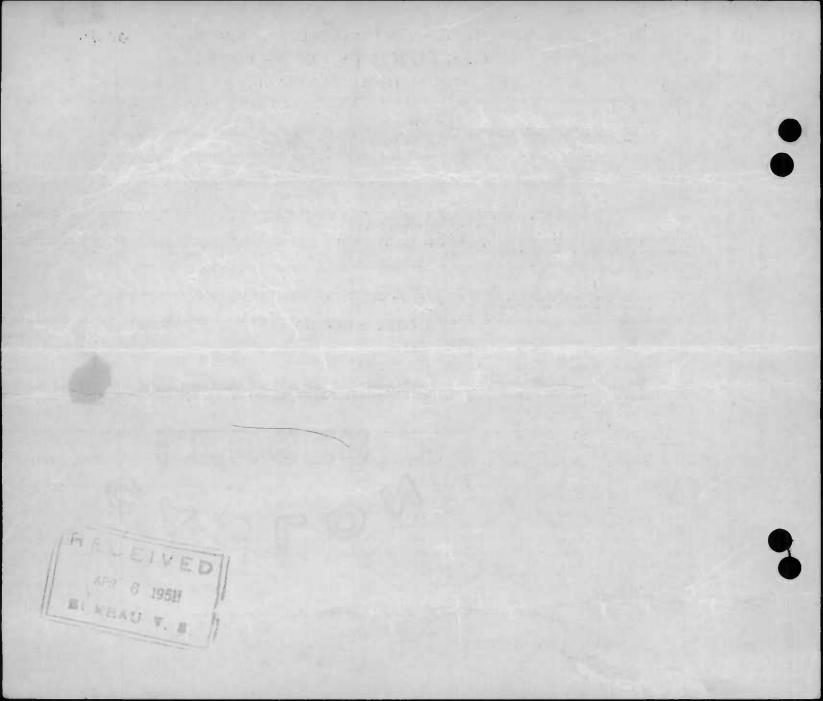
1. PLACE OF DEATH COUNTY	i. 16 Arundel	MARYLAND	2. USUAL RESIDENCE (STATE Maryla		COUNT	7	
CITY (If outside co OR give nearest TOWN	orporate limits, write RUR		OR Baltin		URAL and giv	e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS		ouse Correction	STREET ADDRESS 1236	(Il rural, gi Edythe S	ve location)		./
3. NAME OF	(First)	(Middle)	(Last)	4. DATE	(Month)	(Day)	(Year)
(Type or Print)	Frank		Haskins	OF DEATH A	pril	19	1957
Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE jast birth	day If under Months	l year If unde Days Hours	r 24 hrs.
	ATION (Give kind of work orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore, M	or foreign country)	12	COUNTRY? U.	WHAT S.
13. FATHER'S NAM	E		14. MOTHER'S MAIDER				
Ţ	Inknown		Ida Haskin	S			
(Yes, no, or unknown)	/ER IN U.S. ARMED FORCES (If yes, give war or dates of mervice)		M. 14 AL LO	ADDRESS			
		18. MEDICAL CE	RTIFICATION			1	
I. DISEASES OR CO	NDITIONS DIRECTLY					INTERVAL BE ONSET AND	
13& giving rise to stating the u	t cause(s) conditions, if any, the above cause nderlying cause last (c)	Congestive hea		ar disea	<u>se</u>	101 y	rs.
11. OTHER SIGNIFI Conditions contribu related to the disease	ting to the death but not se or condition causing deat	 h.					
19a. DATE OF OPE	RATION 19b. MAJOR F	INDINGS OF OPERATION				20. AUTOPS	3¥7
						Yes 🗆	No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.) RY	(CITY OR	TOWN)	(COUNTY)	(STATE	
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CUR?			
	Alguer Filered	F/95 (duty tue	250p.m., from the	e causes and on	the date sta	DATE SIG	NED
					11	UUIV	



in 18 shown on: CE	RTIFICAT	E OF DEAT	'H	
HM No. G 132 APR 13 1961 F	FOR MEDICAL	EXAMINERS	Reg. Die	it. No. 25
1. PLACE OF DEATH Annale!	MARYLAND	2. USUAL RESIDENCE (I		UNTY AA
CITY (If outside corporate limits, write RURAL and OR give names, town)	(in this place)	OR Lat	Eliza Park	nd give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 108 W. Itellia	Esp Are	STREET ADDRESS 108 W.	Hellfoh as	on)
3. NAME OF DECEASED (Type or Print) RITA VIR	(Middle)	HAYDEN	OF DEATH Aby.	(Day) (Yea
5. SEX 6. COLOR OR RACE 7. SIN	NGLE, MARRIED, OWED, DIVORCED, Decify)	8. DATE OF BIRTH	9. AGE last birthday If	
	KIND OF BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WH
13. FATHER'S NAME Herbert Has	iden.	14. MOTHER'S MAIDEN	NAMMarch	ell
15. WAS DECEASED EVEN IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY No.	Herbert Hayd	THE WELL DOLL	h Are Brooklys !
1. DISEASES OR CONDITIONS DIRECTLY LEADI	18. MEDICAL CE	RTIFICATION	1. Baltimork	ONSET AND DEA
1/2,0	ALNUTR	ITION		
Antecedent cause(s) Diseases or ennditions, if any, giving rise to the above cause stating the underlying cause last	to Nutritiona	l maladjustment	(4/13/51 akc)	-0.00 00 00 00 00 00 00 00 00 00 00 00 00
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not				
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDIN	IGS OF OPERATION			20. AUTOPSY?
PRIMARY OR CONTRIBUTING OF office	ome, farm, factory, street, bidg., etc.)	(CITY OR 7	rown) (cou	Yes No No NTY) (STATE)
CAUSE OF DEATH. INJURY TIME (Month) (Day) (Year) (Hour) INJURY OF While Work		HOW DID INJURY OC	CUR?	
22. I certify that I took charge af the remains des obtained by said Autopsy, Inspection or Inquifrom: natural causes , accident , suic SIGNATURE	scribed above, held an A	ased died on the day state	d above, and death in	and from the evidence my opinion resulted
Kussell S Frobe		700 Fleet	ST Balto	4/3/51
23. BURIAL, CREMATION DATE THEREOF REMOVAL Specify	NAME OF CEMETE	1,092	OCATION (City, town, or	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNA		24. FUNERAL DIRECTO		ADDRESS

VS. Al5A

MARGIN RESERVED FOR BINDING



VS. (A15-

4 .

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3398

Reg. Dist. No. 7 + 3

1. PLACE OF DEATH.		RESIDENCE (HON	ME) OF DECEAS	ED.		797
COUNTY Anne Arundel	ARYLAND	Maryland	Ba	ltimor	e City	
	in this piece) OP	Baltimore		AL and give	e nearest town)	
HOSPITAL OR INSTITUTION OR Crownsville State H STREET ADDRESS	ospital STREET ADDRES	s 1100 McCu	(If rural, give I	ocation)		/
3. NAME OF (First) (Mid	ile) (Last)			Ionth)		Year)
(Type or Print) Medora T	aylor Hems	ley	OF DEATH A	pril	6	1951
5. SEX 6. COLOR OR RACE 7. SINGLE, WIDOWEI	MARRIED, S. DATE OF MARRIED, MARRIED, 1	FBIRTH 9.	AGE fast birthday 57 yrs.	Months		24 hrs. Mfn.
		PLACE (State or fo	reign country)	12.	CITIZEN OF	WHAT
10a. USUAL OCCUPATION (Give kind of work done during meet of working like, even livetired) INDUSTRY INDUSTRY	Domestic	Marylan	nd	1	COUNTRY? U.	S.
13. FATHER'S NAME Elijah Taylor		Enma Stuar				
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL	SECURITY No. 17. INFORM	MANT AND AD	DRESS			
(Yes, no, or unknown) (If yes, give war or dates of service)	Но	spital Rec	ords			
	18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING T	O DEATH				ONSET AND I	DEATH
Immediate cause (a) Pulmona	ry Tuberculosis		Kn	own to	us sine	0
Immediate cause				12/12	/34	
Antecedent cause(s) Diseases or conditions, if any, (b)						
giving rise to the above cause						
stating the underlying cause last						
11. OTHER SIGNIFICANT CONDITIONS					1	
	Hypertension					
19a. DATE OF OPERATION 19b. MAJOR FINDINGS C					20. AUTOPS	Y?
					Yes 🗆 1	No 🗆
	rm, factory, street,	(CITY OR TOV	VN)	COUNTY)	(STATE	
SUICIDE HOMICIDE , OF office bldg.,	etc.)		00			
TIME (Month) (Day) (Year) (Hour) INJURY O		INJURY OCCU	R?			
OF INJURY m. While at Work	Not While At work					
22. I hereby certify that I attended the deceased	from 10/13/4119 ,	to 4/6/	, 1951, tha	t I last s	aw the decea	ased
alive on April 5,, 19. 51, and that dear						
SIGNATURE (De	rec or title) ADDRESS	in., from the ca	uses and on th	e date su	DATE SIG	NED
) SIGNATURE.					. 111	
LILA. KOTU MAMINAMANA 'II'	Crownsy	rille. Mary	rland		4/6/51	i.
		rille, Mary				
REMOVAL (Specify) 4/20/5	ME OF CEMETERY OR CRE	MATORY LOC	pland	wp, or count	Mol (Sta	
DATE RECD BY LOGAL REGISTRADE SIGNATURE	ME OF CEMETERY OR CRE	MATORY LOC	Balta G	wp, or count		
REMOVAL (Specify) 4/20/3	ME OF CEMETERY OR CRE	MATORY LOC	Balta G	wp. or count	Mol (Sta	

BUREAU Y. S.

VS. A15

	-0 /	
	n.s.	1
	131)
-	-	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3399

		OEKI IFIONI	E OF DEA	111	Reg. Dist. No)R.	********
I. PLACE OF DEATH COUNTY			2. USUAL RESIDENCE	E (HOME) OF DEC	CEASED COUNTY	y	
CIMY /IIid-	Annapolis, orporate limits, write RUR	MARYLAND AL and LENGTH OF STAY	- har	yland			
OR give nearest	town)	(in this place)	OR TOWN Balt	imore, Md		e nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	S ANNAPOLIS (BENERAL HOSPITA	STREET ADDRESS 1649	E. North	AVe.		1
3. NAME OF	(First)	(Middle)	(Last)	4. DATE		(D.)	-1/-
DECEASED (Type or Print)	Mary Alice	(Mollie) Hitch	cock	OF DEATH	(Month) Apr.	(Day) (25	(Year)
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	Apr. 4.1874	9. AGE last hirt	hday If under Months	l year If unde Days Hours	Mln.
done during most of w	ATION (Give kind of work orking life, even if retired)	10h. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Sta) 12	COUNTRY OF	WHAT
13. FATHER'S NAM	keeper		Baltimore	e, Md.		U.S.A	
			14. MOTHER'S MAID	EN NAME			
Euhler 15 Was Decrees Fr	VER IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY NO.	17. INFORMANT AN				
(Yes, no, or unknown)	(If yes, give war or dates		****	D ADDRESS	2 - 3 / 1:		ve.
	service) No	1215-22-9043	Mr.Walter	J. Hitche	ock 164	9 E. No:	rth
	NDITIONS DIRECTLY	18. MEDICAL CE	Rial Fall	and to		INTERVAL BE	
On 1 giving rise to		greenis sch	leiote. If	Parof W	lisene	3 %	7
		h.					
		FINDINGS OF OPERATION				20. AUTOPS	SY?
							No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office hldg., etc.)	(CITY O	R TOWN)	(COUNTY)	(STATE	
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY	OCCUR?			
22. I hereby certi	fy that I attended the	e deceased from	, 19.49, to 4-	75-1951,	that I last sa	w the dece	ased
alive on SIGNATURE	75, 1957, an	d that death occurred at	ADDIASS From t	he causes and or	the date sta	DATE SIGN	NED
23 BURIAL CREMA REMOVAL (Special Burial	ATION DATE THEREO	DF NAME OF CEMETE	RY OR CREMATORY Reedemer	LOCATION (City Baltimor		y) (Sta	nte)
DATE REC'D BY I	LOCAL REGISTRAR'S		24. FUNERAL DIREC	TOR		ADDRESS	
REG. 4-26	51	4	Henry Sand		, Inc.	7 Sum	1e

KIZY ETS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

34(11)

ODKINIONI	B OF BERTII	Reg. Dist. No
I. PLACE OF DEATH- COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DE	COUNTY /
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write OR TOWN	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, ADDRESS / 2 Lee	give location)
3. NAME OF DECEASED (First) (Middle) (Type or Print)	(Last) 4. DATE OF DEATH	(Month) (Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) THE MULLING	May 10, 1888 62	thdey If under 1 year If under 24 hrs. Months Days Hours Min.
Job. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on done during most of working life, even if retired). INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
William Holland	Elizabeth Hal	land
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (1f yes, give war or dates of service)	Joseph Halland, 12	Greenvill St. Claya
18. MEDICAL CE	PTIFICATION	1. Per
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
1. 12.	1. C. t 1. +	
Immediate cause (a)	lan, Enterip clewte	My Distance Ms.
420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes II No K
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	, 1949, to 4/10, 1957,	that I last saw the deceased
alive on	ADDRESS m., from the causes and o	n the date stated above. DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER	anny lis	md 4/13/51
REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	RY OR CREMATORY LOCATION (CR	y, town, or county) (State)
april 13,1951	JB. Johnson aun	apolis, mel
	263	10111



5 41 B

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

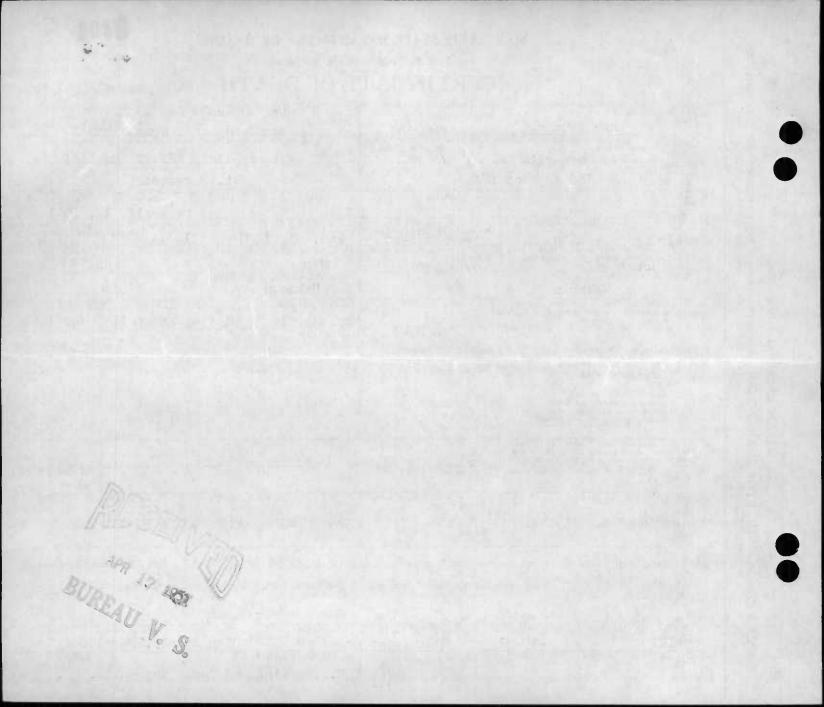
Reg. Dist. No. 21

	Reg. Dist. No	•••••
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY Anne Arundel MARYLAND	STATE COUNTY Anna Amna Amna Amna Amna Amna Amna Amna	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	Maryland Anne Arundel CITY (If outside corporate limits, write RURAL and give nearest town))
OR give nearest town) (in this place)	j OR	
TOWN St. Margarets 1 yr	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS RFD #2 Box 484	ADDRESS St. Margarets	
3. NAME OF (First) (Middle)		(Year)
DECEASED	OF	
(Type or Print) ROSE E H	UGHES DEATH April 17, 1951 8. DATE OF BIRTH 9. AGE last birthday II under I year III under	19
Female White WIDOWED, DIVORCED, (Specify) Widowed	Jan. 31. 1870 81 yrs. Months Days Hours	Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business on	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF	WHAT
done during most of working life, even if retired) INDUSTRY HOUSE WITE OWN home	OHIO USA USA	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Unknown	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS RED # 2 Box 484	
(Yes, no, or unknown) (If yes, give war or dates of 272-14-2560	Mrs. Harold H. Little Annapolis, Maryla	nd
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BE	
	ONSET AND I	DEATH
Immediate cause (a)Colonoly	Thombores Sund	en
/ / Antecedent cause(s) Sh.	. ,	
Diseases or conditions, if any, (b)	, ch, + myour deal 44cs	7
giving rise to the above cause		
(c) drung francy		
11. OTHER SIGNIFICANT CONDITIONS	1 Com	0
Conditions contributing to the death but not related to the disease or condition causing death.	I artered telerones year	5.
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPS	Y?
	Yes 🗆	No 🗗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	, 195 , to april 13, 195 , that I last saw the deces	ased
Bril 7 10 Cl and that lath annual is	98	
alive on 7 , 1957, and that death occurred at	ADDRESS DATE SIGN	AT EP ED
		NED
	compile her 4-15.5	/
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER		te)
Burial (Specify) 4-17-51 Glen Haven		
DATE REC'D BY LOCAL REGISTRAN'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
april 16.1951 XV Trongs	B.L. Hopping and Son Annapolis, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The sorrect is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

820

18. A15



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

34.2 Reg. Dist. No. 2.5

4			
I. PLACE OF DEATH- COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give pearest town) (in this place)	CITY (If offiside corporate limits, write RURAL and give OR	e nearest town)	
TOWN 6 2 m b21//5 // Year 5. HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)		
3. NAME OF (First) (Middle)	Hughey. 4. DATE (Month) OF DEATH April	(Day) (Year) /9 19.5/	
(Type or Print) AU YO M NOW 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last hirthflay If under		
10a. USUAL OCCUPATION (Give kind of work done during most of vorking life, even if retired) ACCOUNTY TO THE COMM		CITIZEN OF WHAT	
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME E//d Knowles.		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) W. W. T.	17. INFORMANT AND ADDRESS Mrs Paul Hugher - 6ambrills		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) Generalized Car	-cinomatosis	Jan 1951.	
180 X Antecedent cause(s) Diseases or conditions, if any, (b) Hyper nephrom		Jan 1951	
52 or giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Oct., 1956, to April 19, 1951, that I last saw the deceased			
alive on April 18., 19.5.1., and that death occurred at 9.15.4m., from the causes and on the date stated above. SIGNATURE ODE TO SIGNED ODE TO SIGNED			
Edward 9 Thurth M.D. 62mbrills Md 4-19-51			
23. BURIAL, CREMATION DATE REMOVAL (Specify) 4-23-51 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	B.L. HOPPING LSON ANNAF	ADDRESS POLIS, MId,	
000	000	116	



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH-		2. USUAL RESIDENCE (I	IOME) OF DECEASED	DUNTY
Aune Arundel	MARYLAND	1 4 Shin	4 Ton D.C.	JONII
CITY (If outside corporate limits, write RUR.		CITY (If outside corpor	Ate limits, write RURAL	and give nearest town)
OR give nearest town) TOWN rura / Laure/	Lycurs L MO.	TOWN Wash	naton D.C.	
HOSPITAL OR	1	STREET	/ (If rural, give locat	log)
INSTITUTION OR STREET ADDRESS DISTRICT Fraim	ine Solzool	ADDRESS 5-30	Morton St. N.	
	(Middle)			
DECEASED	Ad I	(Last)	4. DATE (Month	h) (Day) (Year)
(Type or Print) Joan	Melne.	Jackson	DEATH ADIY	195/
5. SEX _ 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last hirthday If	under 1 year If under 24 hrs
F colored	WIDOWED, DIVORCED, (Specify) 8/14/16	Aug 31, 1941	9 yrs. M	onths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	10h VIVID OF DUCKIEGE OF	11. BIRTHPLACE (State of	r foreign country)	12. CITIZEN OF WHAT
done during most of working life, even if retired)	INDUSTRY HOHE	Washing	ton D.C.	COUNTRY? U.S.A.
13. FATHER'S NAME .		1 14. MOTHER'S MAIDEN	NAME	- 47.
John Melvin Tuc.	kson	111000 1/10		
15. WAS DECRASED EVER IN U.S. ARMED FORCES		17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give-war or dates of		1 7 7	/	
20 lacrvice)			cords	
	18. MEDICAL CE	RTIFICATION		1
I. DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
	D/+.//	/		
Immediate cause (a)	Bilateral bron	16 ho DACUMONI	a	24 hours
Intiliculate cause				
Antecedent cause(s)				
Diseases or conditions, if any, (b) giving rise to the above cause		**************************************	* ************************************	0.0 0 1 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0
atating the underlying cause last				
(c)				
II. OTHER SIGNIFICANT CONDITIONS	/			1
Conditions contributing to the death but not related to the disease or condition causing deat	Shuty angoltin	levia enlesse	interest	Sime birth
19a. DATE OF OPERATION 19h. MAJOR P	PINDINGS OF OPERATION	714, -91/6000	101007	20. AUTOPSY?
a company		· · · · · · · · · · · · · · · · · · ·	NOW TO SERVICE OF THE PROPERTY	I Yes 🗆 No 🔀
21. ACCIDENT (Specify) PLAC SUICIDE OF	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN) (COU	(STATE)
HOMICIDE INJU	TRY			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Not While	HOW DID INJURY OC	CUR?	
INJURY m.	Work At work			
	1 37	2 2 // 2		
22. I hereby certify that I attended the	e deceased from	- 19.7 % to # -d	19.5/ that I l	last saw the deceased
		255		
alive on 4-2-5/, 19, an	d that death occurred at		causes and on the da	ate stated above.
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
J. A. Alston, ME). Disi	m. + Truining Scho	ool Laurel, M	1. 4-2-51
23. BURIAL, CREMATION DATE THERE		RY OR CREMATORY I	OCATION (City, town, o	r county) (State)
REMONAL (Specify) Us 4 -5	- Wroaka		ALLO) '
DATE REC'D BY LOCAL HIGHSTAR'S		24. FUNERAL DIRECTO	R	ADDRESS
2001.4-51 X Mana	2 Maskuts	Solmo. 10	10	61-71 Garns
- To I was	2000-00-10	· Lawreys	1.30	Manual II
				wash DT



The Parks and were

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

3404

0			
Th.	1. PLACE OF DEATH ANNE Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEAS	COUNTY A.A
efully gibly.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest together the corporate limits, write RURAL and LENGTH OF STAY (in this place)	OR TOWN	AL and give nearest town)
n car	HOSPITAL OR INSTITUTION OR STREET ADDRESS A. A. Yeural Hospital	STREET ADDRESS 29 (If rural, give	location)
Supply every item of information carefully write the causes of death clearly and legibly.	3. NAME OF (First) (Midgle) DECEASED (Type or Print) LOUIS	JENNINGS V4. DATE OF DEATH	(Onth) (Day) (Year)
infor th cle	6. COLOR OR RACE 7. SINGLE, MARRIELL, WIDOWED, DIVORCED, (Specify) Williams	8. DATE OF BIRTH 9. AGE last birthday	If under 1 year If under 24 hrs Months Days Hours Min.
m of of dea	done during most of working life, even if retired) NDUSTRY INDUSTRY INDUSTRY	11. BIRTHPLACE (State of foreign country)	12. CITIZEN OF WHAT COUNTRY?
ry ite	13. FATHER'S NAME	Walle Bay	lea 1
y eve	15. WAS DECEASED EVER IN U.S. ARMED FORCES 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS	Bulled Esse
te pp	18. MEDICAL CE	RIFICATION /	Thermore Brown
Sul	1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
. %	Carrier	On aller	Outle.
INK. please	Immediate cause (a) Coronary (420, Antecedent cause(s) Diseases or conditions, if any, (b)	- Calleria	
40	420. Antecedent cause(s)	· nowla .	lant.
Dis	Diseases or conditions, if any, (b)	BUCCIONIS	anguar
Nia I	giving rise to the above cause atating the underlying cause last		
D.is	(c)		
WITH UNFADING nportant. Physicians:	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
T ti	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
EF			Yes 🖸 No 🛍
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN)	(COUNTY) (STATE)
WRITE PLAINLY is especially	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while NJURY m. at work	HOW DID INJURY OCCUR?	
LA	22 I cortifu that I took charge of the remains described above held an	Automos Inquestion V Inquire V the	room and from the enidence
P 8	22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the dry stated above, and death	h in my prinion resulted
<u> </u>	from: naturol causes V. accident , suicide , homicide	undetermined .	P P
₩	SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	John M. (laffy M.D. Deputy Medical &	xaminer Hunapolis M	4/27/51
PLEASE	REMODERAL 4/30/51 Breway	DUYOR CREMATORY LOCATION (Clay to	magh, M.
PL	DATE REC'D BY LOCAL RECASTHARS SIGNATURE	24 FUNERAL DIRECTOR	Con 4Clintles
	eyour so, 131 III	Alle Marker of alle As	All 131/14/2000

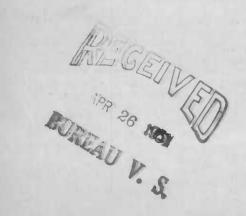
MAY I 1951 BUREAU V. S.

of information carefully death clearly and legibly. y every item the causes of o Supply write Physicians: 0 WITH (important 3

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOMEY OF DECEASED-COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and CITY (If outside corporate fimits, write RURAL and give gearest towo) LENGTH OF STAY OR give ocarest town (in this piace) TOWN HOSPITAL OR INSTITUTION OR IN WOODS ([I rural, give location) STREET ADDRESS (Last) 4. DATE (First) (Middle) (Month) (Day) (Year) DECEASED 11951 EA 1957 (Type or Print) DEATH 8. DATE OF BIRTO 5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, 9. AGE last birthday | If under I year II under 24 hrs. Mooths ! Days | Hours | Min. (Specify) 10a. USUAL OCCUPATION (Give kind of work 11. BIRTHYLACE (Mate or foreign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF done during most of working life even if retired INDUSTRY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, oo, or unknown) (If yes, rive, war or dates of 18. MEDICAL CERTIFICATIO INTERVAL BETWEEN 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH bon-monoxide Immediate cause Antecedent cause(s) Diseases or ennditions, il any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a, DATE OF OPERATION | 19b, MAJOR FINDINGS OF OPERATION 20. AUTOPSY? No P 21. EXTERNAL CAUSE WAS PRIMARY FOR CONTRIBUTING CAUSE OF DEATH. (CITY OR TOWN) PLACE (Home, Jam jackory, street, OF office blog, etc.) (COUNTY) (STATE) ONOWAY INJURY HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) INJURY OCCURRED While at Not while Connected Justen hose from Exhar INJURY MUKRONIN work at work X 22. I certify that I took charge of the remains described above, held an Autopsy ..., Inspection Inquiry ... thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the dry stated above, and death in my opinion resulted from natural causes , accident , suicide , homicide , undetermined ... DATE SIGNED SIGNATURE (Degree or title) ADDRESS 23. MARTATE CREMATION NAMH ERY OR CREMATORY LOCATION (City, town, or county) (State) RMMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24_ FUNERAL DIRECTOR



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

1. PLACE OF DEATH- COUNTY Q. Q. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY QQ.
CITY (If outside torporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR O. G. General	ADDRESS 29 Mary Con a Clase
3. NAME OF DECEASED (Type or Print) (Type or Print) (Type or Print) (Type or Print)	LADAS 4. DATE (Month) (Day) (Year) OF DEATH 4 - 3 1957
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWSD, DIVORCED, (Specify)	3-29-57 9. AGE last birthday If under 1 year If under 24 hrs. Months Deep Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Industry	11. BIRTHPLACE (State or foreign country) Country? 12. CITIZEN OF WHAT COUNTRY?
Basil John Ladas	athena Katsereles
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give war or dates of service)	Pasil Ladas and Address anapole Wal
18. MEDICAL CE	ERTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)_Bilational	Bronchast Journover 36 knrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3 . 29	19.5%, to 4-3 , 19.5%, that I last saw the deceased
alive on	М О
	7. P. m., from the causes and on the date stated above. ADDRESS DATE SIGNED
Jeorge C. Boal M. D.	Address Auntohis M 4.4.5/
23. BURIAL, GRENATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 4/5/5/ St. Same	ADDRESS DATE SIGNED 4. 4. 1/ ERY OR CREMATORY LOCATION (City, town, or county) ANN APOLIS. MD.
23. BURIAL, STATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRATES SIGNATURE OF THE STATE	Address Auntohis M 4.4.51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

828

S. Alls.

ARR 6 1951

411 1

Dr Bord

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.			
COUNTY Anne /rundel MARYLAND	STATE Maryland Anne Arundel			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)			
OR give nearest town) TOWN (in this place)	Town South River (Rural)			
HOSPITAL OR	STREET (If rural, give location)			
INSTITUTION OR STREET ADDRESS Homewood Convalescent Home	ADDRESS Edgewater Post Office			
3. NAME OF (First) (Middie) DECEASED	(Last) 4. DATE (Month) (Day) (Year)			
(Type or Print) JAMES R	LARRIMORE DEATH ADRIL 13.1951 19			
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DINORCED (Specify) WIDOWED	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs Months Days Hours Min,			
Male White (Specify) Widowed	Feb. 21.1863 88 ym. Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT			
done during most of working life, even if retired) INDUSTRY Retired Florist Flower	South River, A.A. Co.Md. USA			
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
William Richard Larrimore	Hannah Deale			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
(Yes, no, or unknown) (If yes, give war or dates of NONE	Mr. Edward W. Larrimore Edgewater, Maryland			
18. MEDICAL CE				
	INTERVAL BETWEEN			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH .	ONSET AND DEATH			
Immediate cause (a) My ocalete	it Merocondial 14cm			
Immediate cause				
(120 Antecedent cause(s)	D O			
Diseases or conditions, if any, (b) giving rise to the above cause				
3 desting the underlying cause last	(1 8) · News			
(c) Jeneralsed	aller Scheros /7000			
II. OTHER SIGNIFICANT CONDITIONS				
Conditions contributing to the death but not related to the disease or condition causing death.				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
	Yes 🖂 No C			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)			
SUICIDE OF office bidg., etc.) HOMICIDE INJURY				
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?			
OF While at Not While				
22. I hereby certify that I attended the deceased from	1957 to Globe 13, 1957, that I last saw the deceased			
alive on	ADDRESS, from the causes and on the date stated above.			
SENATURI: (Degree or titie)	ADDRESS DATE SIGNED			
Level Bail 71 & a	unfolis per 4.15-51			
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OF CREMATORY LOCATION (City, town, or county) (State)			
REMOVAL (Specify) 4-15-51 Family Cemet				
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	Zery South River, A.A. Co. Md. ADDRESS			
REG. 0 15 10 C1	RT W 1 1.0			
april 13, 1731 1 11/1/11	1 3.L. Hopping and Son Annapolis, M.			
	930 626			



2411 N. Charles Street, Baltimore

Reg. Dist. No.....

CERTIFICATE OF DEATH

COUNTY Anne Arundel MARYLAND	STATE Md. COUNTY	Anne Arun-
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN RIVIERS Beach	CITY (If outside corporate limits, write RURAL and giv OR TOWN Riviera Beach	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Solley Rd.	STREET (If rural, give location) ADDRESS Solley Rd.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) WILLIAM MATHEWS	(Last) 4. DATE (Month) OF DEATH ADre	(Day) (Year) 20 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	S. DATE OF BIRTH 9. AGE last birthday If under Months.	1 year If under 24 hrs Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business or Industry Bookbinder GOV't. Printin	Maryland (. CITIZEN OF WHAT COUNTRY?
George Leibold	Rebecca Norris	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Mrs. Mamie Leibold Solley	Rd.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Interior Clarkie Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	Lardio Vanulas Sleveise	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		***************************************
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While Not While Work At work	HOW DID INJURY OCCUR?	
SIGNATURE (Degree or title) M. L. 23. BURIAL, CREMATION DATE REMOVAL (Specify) NAME OF CEMETE	AL, 195%, to April 20, 195%, that I last so an	ated above. DATE SIGNED
·	502416	ma.

2411 N. Charles Street, Baltimore

3409

CERTIFICATE OF DEATH

1. PLACE OF DEATH.		2. USUAL RESIDENCE (H	OME) OF DECEASE	D·
COUNTY Anne Arundel	MARYLAND	STATE ANNE	ARUNDE'L	COUNTY
CITY (If outside corporate limits, write RURA OR give nearest town). TOWN Figewater Md.	L and LENGTH OF STAY (in this place) 2 months	CITY (If outside corpora OR TOWN EDGE	te limits, write RURAL	L and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS ———	(If rural give ioc	ation)
3. NAME OF (First) DECEASED (Type or Print) Mamie		Lettau	OF DEATH Apr	onth) (Day) (Year) 11 7 1951
5. SEX 6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	June 17,1884	9. AGE last birthday yrs.	If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore,	Md.	12. CITIZEN OF WHAT COUNTRY US A
Joseph Wheeler		14. MOTHER'S MAIDEN	/	don
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	Bernard F.I	ettau, husl	band
	18. MEDICAL CE	RTIFICATION		1-
I. DISEASES OR CONDITIONS DIRECTLY I				INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	Coronary Throm	······································	*****************************	24 hours
Diseases or conditions, if any, (b)	Arterioscleros	is	0.0000+050+000++12+0500+00+00++10++11	10 years
stating the underlying cause last (c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Bronchitis, Ac	cute		2 weeks
	INDINGS OF OPERATION			20. AUTOPSY?
				Yes No b
SUICIDE OF INJUI		(CITY OR T		OUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the	deceased from April	5 51 April	7 19 51 that	I last saw the deceased
alive on April 7, 19, 51, and	that death occurred at			
SIGNATURE	(Degree or title)	ADDRESS	and	DATE SIGNED
23. BURIAL, CREMATION YDATE THEREO	F ' NAME OF CEMETE	RY OR CREMATORY LO	DOATION (City, town,	or county) a (State)
Burney (Specify) Vapril 11,1	951 Cedar TV	fild Com- E	Sugttand	Tresevo, MA.
POCI 7 1951 Edward	Collinson	John S	Fellow 2	54 Carrell Sty
			100	PP And



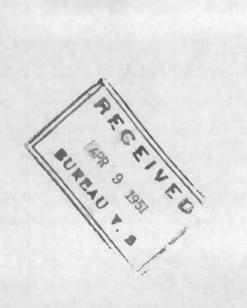
MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY	e Anundel	MARYLAND	2. USUAL RESIDENCE (H STATE		INTY A.A.
OR give the TOWN		L and LENGTH OF STAY	TOWN Shadu	e limita write RURAL ar	d give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRES	s Idkwilde		STREET ADDRESS 390	of Maria, give location	n)
3. NAME OF	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	Cleanence	Ennest L	00 MIS	DEATH HOP.	6 1951
MA/e	CUNICE RACE	7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify)	Sept 21,1879	AGE last birthday If u Mor	nder 1 year If under 24 hrs. this Days Hours Min.
done during most of w	ATION (Give kind of work porking life, even if retired)	10b. Kind of Business or Industry	HICHIGAN		COUNTRY? LEA.
13. FATHER'S NAM	E01/1/ /		14. MOTHER'S MAIDEN	NAME /	
Ennest	Skelton Low	211165	Trances /	DAARE	
(Yes, no, or unknown)	ver In U.S. Armed Forces' (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs. C.E. Zoon	ADDRESS Idlewild	le -Shadu Side:
		18. MEDICAL CE	RTIFICATION		
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INTERVAL BETWEEN ONSET AND DEATH
01 2 807,720,000		m in	Partie		
Immediate	e cause (a)/	HYOCAPOIA 1117	ANCTION		
Diseases or o	nt cause(s) conditions, if any, (b)	Browny insuffer	eieneg	· ''''''	459B.
9 4 a giving rise to stating the u	o the above cause inderlying cause last	Amenglised All	Veniselenes is		
Conditions contribu	CANT CONDITIONS uting to the death but not se or condition causing deat	h.			
19a. DATE OF OPE	RATION 19b. MAJOR F	FINDINGS OF OPERATION			20. AUTOPSY?
					Yes No X
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY	(CITY OR T	OWN) (COU	NTY) (STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby cert		e deceased from Sept.			
alive on ADI	, 19.5/, an	d that death occurred at(Degree or title)	ADDRESS O	causes and on the day	te stated above. DATE SIGNED
Bowie 2	unn grant	M.D.	Shacky Side	CATION (City, town, or	4.6.51
23. BURIAL, CREM	APRIL 7/3	51 FORT LINCO	LA CEMETERY C	LMAR MANOR +	R. GEO. M.D.
AREG. 6.19	LOCAL REGISTRAR'S	SEVEL	W.W. CHAMO	0. 11	VERDALE MA
S 7	0 9 B A	lent		0	0000



CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

		7 Vm
eg.	Dist.	No.

	Reg. Dist. No)
1. PLACE OF DEATH- COUNTY Anne Arundel MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	
OR give nearest town) Glen Burnie (in this place)	CITY (If outside corporate limits, write RURAL and give OR Richmond	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROUTE # 301	STREET ADDRESS 3112 W. Grace St.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) Deter John	(Last) 4. DATE (Month) OF DEATH April	(Day) 1951 26 1951
6. COLOR OR RACE 7. SINGLE MARRIED, WIDOWED DIVORCED (Specify) MAIL TIES	June 12, 1888 9. AGE last birthday If under Months 12, 1888 62 yrs.	I year If under 24 hr
done during most of working life, even if retired) Lage hand	11. BIRTHPLACE (State or foreign country) 12	COUNTRY?
Unknown	14. MOTHER'S MAIDEN NAME Unknown	
16. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes. no, or unknown) (If yes, give war or dates of none service) 265-07-8588	Wrs. Isabel Manzi. Richmond,	ce St. Va.
18. MEDICAL CE 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATE
Immediate cause (a) Coronar Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) II. OTHER SIGNIFICANT CONDITIONS	y Occlusion	Sudden
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. EXTERNAL CAUSE WAS PRIMARY GOR CONTRIBUTING OF Office bidg., etc.) (AUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY m, work at work	HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes , accident , suicide , homicide , SIGNATURE (Degree or title) Asst. Deputy Me 23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	pased died on the dry stated above, and death in my	DATE SIGNED
Burlal April 28,51 Holy Cros	Brooklyn, A.A.C	Co., Md.
DATE REC'S BY LOCAL REGISTRAR'S IGNATURE	Thomas W. Singleton, Glen Bu	address urnie, Md.

Age.

The correct

Supply every item of information carefully. write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

BUREAU V. S.

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH-	ll S	SUAL RESIDENCE		EASED.	Y	
CITY (If outside corporate limits, write RURAL and LENGTH	LAND	Maryla	nd	Ann	Arunde	1
	is biace) } (ITY (If outside corp R OWN Annapo			re nearest town)
HOSPITAL OR	II Q	TREATE	(Tf mannel)	rima lacation)		
STREET ADDRESS U.S. Naval Hospital		DDRESS 129 C	onduint St	• •		
3. NAME OF (First) (Middle)		(Last)	4. DATE	(Month)	(Day)	(Year)
DECEASED (Type or Print) Thomas Wilson	MARI	ωw	OF DEATH	April	9	19 51
6. SEX 6. COLOR OR RACE 7. SINGLE 100 Caucasian 7. SIN	8. D	ATE OF BIRTH	9. AGE last birt	Months	Days Hours	r 24 hrn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Bi Industry U.S. 1	PRINCIPLE OF 1 VI T	BIRTHPLACE (Stat		yrs. 0	COUNTRY USA	WHAT
13. FATHER'S NAME	vavy	Tennessee	DAT NYABED		USA	
Oran Roscoe MARI.OW 15. Was Decrased Ever In U.S. Armed Forces? 16. Social Secu	RITY NO. 17. 1	NEORMANT AND	ADDDESC			
(Yes, no, or unknown) (If yes, give war or dates of	TT.	S. Naval H	nenital mar	onia		
les lecture, Milita	EDICAL CERTIFIC		ospital rec	orus.	1	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DE					INTERVAL BE ONSET AND	
Immediate cause (a) CONGESTIVE I	HEART FAILU	IRE #434.1			1 mont	h
Immediate cause (a)				*****************		Minister 1010 A. F 0 A. 6 Mag
Antecedent cause(s) Diseases or conditions, if any, (b) EMPHYSEMA C	OMPENSATOR	#527.1			4 year	3
930 giving rise to the above cause last (c) CYSTIC DISE.	ASE OF LUNC	#759.0		***************************************	Life	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPE	ERATION				20. AUTOP	279
21. ACCIDENT (Specify) PLACE (Home, farm, fac	etory, street,	(CITY OI	R TOWN)	(COUNTY)	(STATE	No 🗆
SUICIDE OF office bldg., etc.) HOMICIDE INJURY						
TIME (Month) (Day) (Year) (Hour) INJURY OCCURI OF INJURY Not		W DID INJURY	OCCUR?			
		51	13 0 40 53			
22. I hereby certify that I attended the deceased from.	MarghL., 1		173., 195.1	that I last s	aw the dece	ased
alive on April 9, , 1951, and that death occ	urred at 2:1	7. A.m., from th	he causes and or	the date st	ated shove	
SIGNATURE (Degree or	titie) AD	DRESS			DATE SIG	NED
F.M. DOLPHIN, LIJG, MC, USNR	II C MATEA	T WOODTMAT	ARBIATION	DE ATOMET A N		
23. BURIAL CREMATION DATE THEREOF NAME O	F CEMETERY OF	L HOSPITAL	LOCATION (City	MARYLAN	D 4-9-5	ite)
REMOVAL (Specify) Removal 4-11-51	to		Hopkinsvi		,,, (Su	100)
DATE REC'D BY LOCAL REGISTRAP'S SIGNATURE		FUNERAL DIREC	TOR		ADDRESS	
APRI 10 19511	sulp B.	L. Hopping 8	and Son A	nnapolis	, Md.	
			/	1110.111		
			3 (6)	10116	2	

BUREAU V. S.

OBAISOSO,

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

3413

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY ALUE ARUNDEL MARYLAND	STATE MARYLAND COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	
OR givo nearest town) TOWN LINTHICUM HEIGHTS-RURAL (in this place)	OR TOWN LINTHICUM HEIGHTS - R	
HOSPITAL OR	STREET (If rural, give location)	
INSTITUTION OR STREET ADDRESS 226 POPLAR A VENUE	ADDRESS 226 POPLAR AVEN	UE .
3. NAME OF (First) (Middle) DECEASED (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JANE WATSON	/ICLEAN DEATH Cypul	23 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED.	8. DATE OF BIRTH 9. AGE last birthday If under	
F WIDOWED, DIVORCED, (Specify) Widows	1 /lay 10, 18/3 12 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work) 10b. KIND OF BUSINESS OR		COUNTRY?
done during most of working life, even if retired) INDUSTRY	Scotland	USA.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
JOHN B. WATSON	MARTHA CLARK	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS 226 Popul	er ave
(Yes, no, or unknown) (If yes, give war or dates of service)	MRS. MARY BULLA, Lintheum	Hota, rd.
18. MEDICAL CE		
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Pleural effu	44.00	2 rules
Immediate cause (a)		· cooped on all different commences construct
Antecedent cause(s) Diseases or conditions, if any, (b) Carcingma of the	he left lung	1 m.
Diseases or conditions, if any, (b)	N	
47 d giving rise to the above cause atating the underlying cause last		
(c)		La contraction of the contractio
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
192. DATE OF OPERATION 13B. MAJOR PENDINGS OF OPERATION		20. AUTOFST:
		Yes No 🗗
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	Fn 0 '007	
	1950, to gil 23, 1951, that I last s	
alive on april 22, 19.51, and that death occurred at ! SIGNATURE: (Degree or title)	ADDRESS and on the date st	ated above. DATE SIGNED
C. Millon Cunthecum, N.D. Tu	theim Heights No	4/23/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION City, town, or coun	ty) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS
REGILLO 221217 A Day District	there he le tour	
- mucho 1851 Cas Mi Whelen	11	
	113-5-16.00	

BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

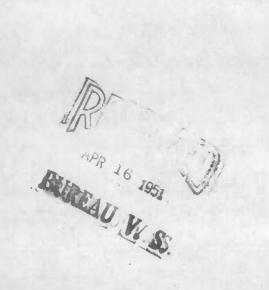
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 21

3414

1. PLACE OF DEATH- COUNTY Q, Q MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	aa.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR given hearest town) (in this place)	CITY (If outside corporate limits, write RURAL, and give OR TOWN	nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS 34/ Bunsile (If rural, give location)	ne
3, NAME OF DECEASED (First) AUGUSTUS (Middle) F,	MILLS 4. DATE (Month) OF DEATH 4	(Day) (Year) /2 195/
Mule Color of BACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Deligned	8. DATE OF BIRTH 9. AGE last hirthday If under 1 Months I	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work door lucing most of working life, even if retired) 10b. Kind of Business or Industry 10c. Kind of Control (Industry) 10c. Kind of Control	Phila Pa 2	CITIZEN OF WHAT
Cugustus 7. Mills	14. MOTHER'S MAIDEN NAME Harder	1.
15. Was Decreted Ever In U.S. Armed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	William OHara Jumes	reide are
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Reute Cardy	a Failure	2 days
1413 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	mgr	2 days
73d stating the underlying cause last (c) Cardio - ras en	Car hupertensine designe	3 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death hut not related to the disease or condition causing death.	00	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	Yes No (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m, Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Afr. 9	, 19.51, to Apr. 12, 19.51, that I last saw	w the deceased
alize on	m., from the causes and on the date stat	ed above. DATE SIGNED
23. HUBIAL CREMATION BASE THEREOF I NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or county)	1.13,1951
REMOVAL (Specify) 4-13-51	Phila	Pa.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	John M. Jaylor. Son anna	ADDRESS
	1	11 10-0



The state of the s

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3415

COUNTY Anne Anuncle/ MARYLAND	STATE Many and County A.A.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside forporate limits, write RURAL and give nearest town) OR
HOSPITAL OR	STREET ADDRESS Procedure (Ifrural, give location)
STREET ADDRESS DIVICIONIES	Droad water
3. NAME OF DECEASED (First) (Middle) (Type or Print) CMMA (Winding)	Phipps 4. DATE (Month) (Day) (Year) OF DEATH ADP. 3 1951
Female 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) MANNIECL	Sept. 5 1875 9. AGE last birtbday If under 1 year If under 24 hrs. Sept. 5 1875 75 yrs. Months Days Hours Min.
done during most of working life, even if retired) 10b. Kind of Business or Industry 10c. Kind of Business or Industry	II. MIRTHPLACE (State or foreign country) II. CITIZEN OF WHAT COUNTRY? USA.
Bensamin Thanklin Phipps	Josephine Cruychley
15. Was Decreased Ever In U.S. Armed Forces # /16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Warnen Hazand-Galesville, Md.
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Myo candial In 1	Anction. 3 1/2 hes.
1420 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	: heant failure 6 mos.
13d stating the underlying cause last (c) Amen iosciendic	Candio vascular dusease
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF NJURY m. INJURY At work	HOW DID INJURY OCCUR!
7410	
22. I hereby certify that I attended the deceased from JAM. I.S.	7., 19.51., to Apr. 3, 19.51., that I last saw the deceased
22. I hereby certify that I attended the deceased from JAM. I alive on ADY. 3, 1951., and that death occurred at SIGNATURE. (Degree or title)	9.35 p.m., from the causes and on the date stated above. DATE SIGNED
alive on Apr. 3, 1951., and that death occurred at	9.35 p.m., from the causes and on the date stated above. DATE SIGNED Apr. 3.5
alive on ADY. 3, 1951., and that death occurred at	DATE SIGNED ADDRESS DATE SIGNED ADDRESS DATE SIGNED ADDRESS DATE SIGNED ADDRESS CENTERN CENTE
alive on Apr. 3, 1951., and that death occurred at	9.35 p.m., from the causes and on the date stated above. PACE SIGNED Apr. 3.51



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

I. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY Ann Arundel MARYLAND	STATE Mary land COUNTY	A.A.
CITY (If nutside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town)	CITY (If nutside corporate limits, write RURAL and give	e nearest town)
OR give nearest town) Pumphyell (in this place)	TOWN TUMBHEY	
HOSPITAL OR INSTITUTION OR 13 (0 Rish of Aug	ADDRESS / > / & (If rural, give location)	
INSTITUTION OR 136 BIShop Ave.	136 BIShop Au	e .
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
DECEASED (Type or Print) Fannie P	TONTOYA DEATH April 1	7 15/
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	1 year If under 24 hrs. Days Hours Min.
temale colored (Specify) W.	1 0 3 // 1 yrs. 1	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	1	CITIZEN OF WHAT
Housewife	1 1/9/11/9	U.S.A
13. FATHER'S NAME Frank Place + bake	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	Mildred:	
(Yes, no, or unknown) (If year, give war or dates of	17. INFORMANT AND ADDRESS 129 MI	id land A.
No service)	1 1019 1,104 11 13 12 1 1011	9 1a my nic
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a) Lobar	neumoned.	7 days
ZIZIMOULIONO COMBOO	948 - 1995 (1) 10 4040 \$ 146 (3 5000 \$ 1.4 5 0) 2 0 0 0 0 0 1 1 hrs 1990 2 6 4394 1 890 5 5 6 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Antecedent cause(s)	lvotii /Lea / Disease	2
Discourse of Containions as and; (b)	word fla please	
giving rise to the above cause stating the underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS		10 48 70 Min 10000 base bas sansageness,
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
12-2	5.17 On. 17 .M	
22. I hereby certify that I attended the deceased from 12-2	19.50, to, 19.51., that I last sa	w the deceased
alive on and 17, 1957, and that death occurred at.	Nivolam., from the causes and on the date sta	ted above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
ConoldStir helm.	of Choso 15:10 Pd	1-17-1-1
23 BURIAK, CREMATION DATE/ NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county	NS: 1
Sund (Sporty) 4/20/5/ my Cel	wells Present Kint lune	(State)
	, the first the	7 7
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL DIRECTOR	ADDRESS 4
REGISTRATES SIGNATURE		3 But

The correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltlmore

CERTIFICATE OF DEATH

3417

OEKT IFION 1	Reg. Dist. No.	D
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Ad
CITY (If outside co-porate limits, write RURAL and OR give nearest town), MCKWALL (in this place)	CITY (If outside corporate limits, write RURAL and cy TOWN	re nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural vive location)	
3. NAME OF DECEASED (First) (Middle) (Type or Print)	CLASTY 4. DATE (Month) OF DEATH FILE	(Day) (Year) 24 196)
6. SEX 6. COLON OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WY JOWN	8. DATE OF BIRTH 9. AGE last hirthday II under Montha	1 year If under 24 hr Days Hours Min.
done during most of working life even if retired) 10b. Kind of Business on Industry	mol-	COUNTRY?
13. FMTHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? 16. Social Security No. (Yes, not or unknown) (If yes, give war or dates of service)	Thomas on money.	Annofolis
18. MEDICAL CE	RESTRICTION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Constant	Vim shribi Gen	84-10
Immediate cause (a)		
33 // Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	elevatit (I questioners)	. 10 mm mm mm + 1 a 1 mm mm a 4 a mm m
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY I	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from In 1	, 1957, to affar \$5.7, 1957, that I last s	aw the deceased
alive on SIGNATURY (Degree or title)	ADDRESS from the causes and on the date st	ated above.
28. BURIAL, GREENHON DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	45757 ty) / (State)
DATE REC'D BY LOCAL RECISTRAR'S SIGNATURE	rvacinica st. malgrette	ADDRESS /
afril 27, 1951	Armel of Johnson A	maples
	0 820	1105



2411 N. Charles Street, Baltimore

3418

CERTIFICATE OF DEATH

COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED.	
MARYLAND	I WW.	
CITY (If outside corporate limits, write RURAL end OR give fearest town) TOWN (in this place)	CITY (If Sutside corporate limits, write RURAL and give OR TOWN	e nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 304 Jevolale Rd.	STREET (If rural give location)	Ra
8. NAME OF DECEASED (First) Closed Recorded Reco	(Last) 4. DATE (Month) OF DEATH April	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	Jan 7- 776 75 yrs. Months	1 year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working iffe, even if retired) 10b. KIND OF BUSINESS OR' INDUSTRY LOTTER APPLIE	Cicil Co. Ind.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unknown) (If yes, give war or dates of service) 16. Social Security No. (2) 2 28 - 08 7 2	Johanna Register.	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
331X Immediate cause (a) Cerebral 75 Antecedent cause(s)	(aconorhoge	June 1949
Diseases of conditions, it any, (b)	elevosis	10 ym.
glving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY m. INJURY At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June	, 1949, to 4/24 , 1951, that I last s	aw the deceased
alive on 4 + 4 , 19 1, and that death occurred at	1:30 P.m., from the causes and on the date sta	ted above.
Chas. &. Ball In.	Linchican Fred.	4/24/51
BEMOVAL (Specify) 4-27-51 Len Ta	RY OR CREMATORY LOCATION City, town, or count	Bolta Wal
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 925 CHOCKEL	John P. Milly Tue 2435	Olmy ST
VJ	510346	

The correct age

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY Ann	e Arundel	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEAS	Anne Ar	undel
CITY (If outside control of give nearest TOWN	orporate limits, write RURA town) apolis		CITY (II outside corpora OR TOWN Anna pol:		AL and give ne	arest town)
HOSPITAL OR INSTITUTION OF			CTPERT	(If minal class)	ocation)	
STREET ADDRE	SS U.S. NAVAL H	HOSPITAL	ADDRESS 64 Cata	pola Rd., No:	rth Seve	rn Housin
3. NAME OF DECEASED	(First)	(Middle)	(Lando)	OF (III	LOUILI) (D	ay) (Year)
(Type or Print)	Virginia		ROBINSON	DEATH AD	ril 2	
Female	Negroid	(Specify) Married	9-29-19	9. AGE last birthday 31. yrs.	Mooths Day	If under 24 hrs. Hours Min.
done during most of w	ATION (Give kind of work porking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	South Caroline		I2. Ci Cou	TIZEN OF WHAT
13. FATHER'S NAM			14. MOTHER'S MAIDEN			
Samuel Ma			Carrie Washin	gton		
	ver In U.S. Armed Forcest (If yes, give war or dates o service)		Hospital Rec			
		18. MEDICAL C	ERTIFICATION		1	
I. DISEASES OR CO	NDITIONS DIRECTLY	LEADING TO DEATH			INT	TERVAL BETWEEN
Immediate	e cause (a) F	RUPTURE PREGNANT	UTERUS WITH HEMOI	RHAGE #648	•3	3 hours
Diseases or o	nt cause(s) conditions, if any, (b)	DELIVERY INTERNAL	VERSION COMPLICA	ATED BY RUP	NURE	3 hours
149 a giving rise to stating the u		F UTERUS #677.1	WITH SHOULDER PRE	יייי איידראיי איידראיי	- T	4 hours
Conditions contribu	CANT CONDITIONS Iting to the death but not see or condition causing death	FOR TUS #647	WIII DIOOIDIN TR	MINIALION		4 nours
		INDINGS OF OPERATION			20	. AUTOPSY?
					v	es M No 🗆
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bidg., etc.) RY	(CITY OR T	OWN) (COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?		
sign runi	April 19 51, and EY, LIJG, MC, U	that death occurred at (Degree or title) SNR U.S. NAV. F NAME OF CEMET		POLIS, MD. OCATION (City, town	date stated D	
REG.	-1 17W 1	e drich	William Rees	-		
7/0/5	-/		TTTTT all Hees			ngton
////		VDM		Anı	napolis	, Md.

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY anne line	endel MARYLAND	2. USUAL RESIDENCE (HOME) OF DEC	COUNTY County
CITY (If outside corporate limits, write OR give nearest town)	RURAL and LENGTH OF STAY (in this place)	OR TOWN CITY (If outside corporate limits, write limits,	RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET (If rural,	give location)
3. NAME OF (First) E DECEASED (Type or Print)	DWARD (Middle) HENRY	(Last) 4. DATE OF DEATH	(Month) (Day) (Year)
5. SEX 6. COLOR OR R		8. DATE OF BIRTH 9. AGE last birt	hday If under 1 year If under 24 hrs. Months. Days Hours Min.
done during most of working life, even if r	of work 10b. Kind of Business on Industry farming	11. BIRTHPLACE (State or foreign country	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	slowery &	14. MOTHER'S MAIDEN NAME Emma W. We	bb
15. WAS DECRASED EVER IN U.S. ARMED (Yes, no, or unknown) (If year, give war o	FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	un Friendship md.
I. DISEASES OR CONDITIONS DIRE	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Ede	- Ma	
HIOX Antecedent cause(s) Diseases or conditions, If any,	a Pheumetic Z	Least Drivan Milal	Steadys 42 reaso
giving rise to the above cause attaing the underlying cause last		elline et tre em papar den ere paritelik et til til sinta upparate provinsklade (gefor "est til en annamme.	
11. OTHER SIGNIFICANT CONDITION Conditions contributing to the death by related to the disease or condition cause.	ut not		
19a. DATE OF OPERATION 19b. M	AJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (IOF INJURY	Hour) INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attend	ded the deceased from	4, 1950, to april 25, 1951,	that I last saw the deceased
alive on Mul 21, 195 SIGNATURE	and that death occurred at	ADDRESS And of ADDRESS	n the date stated above. DATE SIGNED
23. BURIAL, CREMATION PATE	NAME OF CEMETE	RY OR CREMATORY LOCATION (City	y, town, or county) (State)
DATE REC'D BY LOCAL REGIST	TRAR'S SIGNATURE _	Cemelery Freised 24. FUNERAL DIRECTOR	ADDRESS
REG. apr. 26, 1957 9	race L. Hulchins	W. H. Hutchins	Durings md.
4/30/51 N	1. R. Gaylor	10010	75



41.1

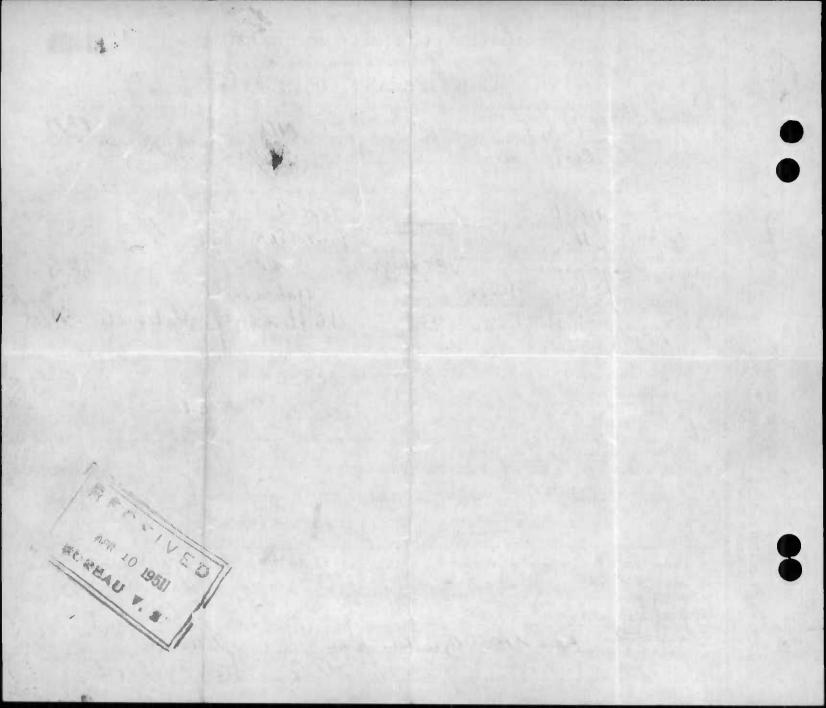
2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY H. H. CD MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY FI. FI
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Rutfort find (in this place)	CITY (II outside corporate limits, write RURAL and give nearest town) OR TOWN Cast out
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)
3. NAME OF (First) (Middle)	(East) 4. DATE (Month) (Day) (Year)
6. SEX 6. COLOR OR RACE 7. WIDOWED, DIVORGED,	8. DATE OF BIRTH 9. AGE last birthdey If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of werking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY FREMING	D. BIRTHPLACE (Star or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME TO GACOO	14. MOTHER'S MAIDEN NAME UNKNOWN
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give war or dates of service)	BOHANT AND ADDRESS Galewille Ma
18. MEDICAL CEI	INTERVAL BETWEEN
Immediate cause (a) Coromany	ONSET AND DEATH
Antecedent cause (s)	- 1 V DI
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	melliting 12 12 12
II. OTHER SIGNIFICANT CONDITIONS	of Grotate geared 3 grain
Conditions contributing to the death but not related to the disease or condition causing death. 19s. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	
138. DATE OF OPERATION 139. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes \(\text{No} \(\text{No} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) NJURY INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-1-	, 19.57, to \$5-5, 1957, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
23 BURIAL CAST HON I DATE THEREOF I NAME OF CEMETER	migholy they
(Clar 7.1951 Quaker	from Steleswill All
DATE REC'D BY LOCAL MEGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
7	10010 & Halwik

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



VS. A15

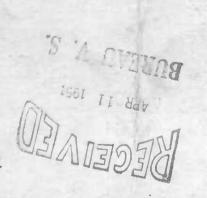
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3428

I. PLACE OF DEATH-	7 / /		2. USUAL RESIDENCE (HOSTATE	COTINE	Y
CITY (If outside cor	porate limita, write RUR	MARYLAND AL and LENGTH OF STAY	CITY (If outside corporat	Marica te liblits, write RURAL and give	ve nearest town)
OR give nearest t	(Lothian	(in this place)	OR TOWN Spring	lield	- Sacar Col VIII)
HOSPITAL OR INSTITUTION OR			STREET ADDRESS	(If rural, give location)	
STREET ADDRESS			MDD ICESS		-
3. NAME OF DECEASED	(First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print)	COLOR OR PACE I	7. SINGLE MARRIED,	edeys 8. DATE OF BIRTH S	DEATH again	7 1957
5. SEX Penuale	6. Cotor or RACE	WIDOWED, DIVORCED, (Specify) headred	July 2 1871	/ yrs. \	Days Hours Min.
	FICN (Give kind of work king life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Sloansville U	1 11	COUNTRY?
13. FATHER'S NAME	10- 11.		14. MOTHER'S MAIDEN		7
10 mu	Mellism		Sollie more		motel to the
15. WAS DECRASED EVE	R IN U.S. ARMED FORCES	? 16. SOCIAL SECURITY No.	17. INFORMANT AND		7. /
(1es, no, or unknown)	service)	noue	Lorge H- Se	eders, Lothian	Med
		18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
I. DISEASES OR CON	IDITIONS DIRECTLY	LEADING TO DEATH			ONSET AND DEATH
Immediate	cause (a)	-ardian Me	Ronflusation		4 w/w
442×Antecedent		Total sole 1:	OVR ble	e ase	Such
giving rise to	nditions, if any, (b) the above cause derlying cause last	ingin dan da Staffer Mild W. St. Staffer Will Son	the state of the s	THE REST OF THE REST OF THE PROPERTY OF THE PR	- James Ja Cartania
II. OTHER SIGNIFIC	ANT CONDITIONS	T- 1 1	11-11	**************************************	
related to the disease	ing to the death but not or condition causing deat		right hip		15 WKS
19a. DATE OF OPER	ATION 196. MAJOR I	INDINGS OF OPERATION	1		20. AUTOPSY?
6 Mas 5		CE (Home town Sectors street	: KOTOWION TO	OWN)	Yes No 4
21. ACCIDENT SUICIDE	OF	CE (Home, farm, factory, street, office bldg., etc.)	CITY OR TO	OWN) (COUNTY)	(STATE)
HOMICIDE TIME (Month)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OCC	URI CACC	-Ind
OF INJURY	3 195156m.	While at Not While Work At work	Sculeta To	11	
		31	0/4/1	4-1	
22. I hereby certif	y that I attended the	e deceased from J. M. e.	, 195, to	, 1921, that I last s	aw the deceased
alive on 30	195, an	d that death occurred at	8 = Pm., from the	causes and on the date st	ated above.
SIGNATURE		(Degree or title)	ADDRESS	11 /	DATE SIGNED
115/12/	Janes	mo	rpper Mar	Mirroitha	Upy 7.5
23. BURIAL, CREMA REMOVAL (Specif	April 101	11-1	Methodist Fo	ort asbeby, w. U	ranica
DATE REC'D BY L	CAL REGISTRARIS		24. FUNERAL DIRECTOR	2 200 0	ADDRESS Red.
- ///	Circ	1. 1	- July July	7	- Jewis H.



A

v .

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

DN 3423

GERTIFICAT	E OF DEATH Reg. Dist. No.	D
1. PLACE OF DEATH. COUNTY CIENCE GREENSEL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY	Y
CITY (If outside corporate limits, write RURAL and OR give/hearst town) Survival (in this place) TOWN	CITY (If outside corporate limits, write RURAL and give OR TOWN	76 nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Oskeward Road.	STREET ADDRESS 6 18 - 11 Believed	Lov.
3. NAME OF DECEASED (First) Leab Chicard .	Stein 4. DATE (Month) OF DEATH April	(Day) (Year) 25 195
5. SEX 6. COLOR OR BACE 7. SHOLD, MARKED, WIDOWED, DIVORCED, (Specify) (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months of the Months of t	l year If under 24 hr Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Libustry Libustry Libustry	Harmany - Penneylving	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	7
15. WAS DECEASED EVER IN U.S. AEMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (II yes, give year or dates of service)	17. INFORMANT AND ADDRESS. The Charles O. Deen (Son)	,
18. MEDICAL CE	RTIFICATION	1.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATE
in seneral ante	noselevicis	6 years.
Immediate cause	**************************************	
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause stating the underlying cause last		
(e)		U _i
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1, 18947 to 4/25, 195/, that I last s	aw the deceased
	10. 20 m., from the causes and on the date st	-4-1-1
alive on	ADDRESS	DATE SIGNED
Senstave & faulant M. Selew /3	Puril, ml. 4	125/51
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) 4/28/51 BALTIMORY	E CEMETERY BALTIMORE, MA	0,
DATE HEC'D BY LOCAL RECUSTRAR'S SIGNATURE	JOHN F. DENNY INC. 715 LIGH	ADDRESS
-11 / July	JOHN F. DENNY, LNC, 715 LIGH	or city
Dm	590	1656



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.		
COUNTY Anne Arundel MARYLAND	STATE Maryland COUNTY City		
	CITY (If outside corporate limits, write RURAL and give nearest town)		
CITY (If outside corporate limits, write RURAL and OR givo nearest town) TOWN Crownsville LENGTH OF STAY (in this place). I month 2	ayrown Baltimore,		
HOSPITAL OR	STREET (If rural, give location)		
INSTITUTION OR Commercial a State Hospital	ADDRESS 1926 McCulloh Street		
STREET ADDRESS			
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)		
	nornton DEATH 4/18/51 19		
6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrm.		
male colored WIDOWED, DIVORCED (Specify) Married	1878 73 yrs. Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT		
done during most of working life, even if retired) INDUSTRY	COUNTRY?		
Chauffeur none	Virginia U.S.		
not known	14. MOTHER'S MAIDEN NAME not known		
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	1 17. INFORMANT AND ADDRESS		
(Yes, no. or unknown) I (II ves, give war or dates of			
(Hospital Records		
18. MEDICAL CE			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH		
Immediate cause (a) Pneumonia	known since $4/14/51$		
Authorizate canno	page and a second secon		
Antecedent cause(s)			
Diseases or conditions, if any, (b) giving rise to the above cause	***************************************		
stating the underlying cause last			
(e)			
II. OTHER SIGNIFICANT CONDITIONS	2 11 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Conditions contributing to the death but not related to the disease or condition causing death.	oscloersos with Psychosis known 3/16/51		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20, AUTOPSY?		
none	none Year No D		
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	! (CITY OR TOWN) (COUNTY) (STATE)		
SUICIDE none OF office hidg., etc.)	none		
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	: HOW DID INJURY OCCUR?		
OF While at Not While			
INJURY NOME Work At work	none		
20 T 2 2 10 10 1 T -14 -1 2 2 4 2 2 2 - 2 17 6 18	7 10 4-1/70/57 10 45-4 71 4 47 1		
22. I hereby certify that I attended the deceased from3./16/.5			
alive on 4/18/51 190 and that death occurred at	1:08 A		
SIGNATURE: (Degree or title)	The from the called and on the date stored shows		
	ADDRESS DATE SIGNED		
1. 410.	, , ,		
1 2001 1001 1001 100	ADDRESS DATE SIGNED Crownsville, Md. 4/18/51		
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE			
1	Crownsville, Md. 4/18/51		
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	Crownsville, Md. 4/18/51		
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) April 21, 1951 Int. Guld	Crownsville, Md. 4/18/51 RY OR CREMATORY LOCATION (City, town, or county) (State) And Com. Ballimore , Ind.		
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE	Crownsville, Md. 4/18/51 RY OR CREMATORY LOCATION (City, town, or county) (State) And Com. Ballimore , Ind.		
23 BURIAL, CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify) DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE	Crownsville, Md. 4/18/51 RY OR CREMATORY LOCATION (City, town, or county) (State) And Com. Ballimore , Ind.		

MARGIN RESERVED FOR BINDING

Dr Basil

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

COUNTY Q. Q. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS SERVE MILES AND HOME	STREET (If rural, give location)
3. NAME OF DECEASED (Type or Print) (Middle)	TYDINGS 4. DATE (Month) (Day) (Year) OF DEATH 4 - 20 1951
6. SEX Male 6. CLOR OR RACE 7. SHNOWED, MARRIED, WIDOWED, DIVORCED, (Specify)	6. DATE OF BIRTH 9. AGE last hirthday If under I year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dope during most of working life, evon if retired)	11. BIDTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
Henry G. Lydings	14. MOTHER'S MAIDEN NAME/ Cliverta & Lallingo
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs P. Clinton Bean artrapolis Mg.
18. MEDICAL CER	RTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
Immediate cause (a) Myscordets	is Che + Myrendial Jumel
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause	ing years
93 d stating the underlying cause last (c) Irleur for	Company of 1
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	years you
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 2
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY OCCURRED While At Not While INJURY Mr. At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June	, 1940, to April 20, 1951, that I last saw the deceased
alive on 1950, and that death occurred at (Degree or title)	ADDRESS no, from the causes and on the date stated above.
23. BURIAL OREMATION DATE THEREOF NAME OF CEMETER	Tempfolis my 4-20.5/ RY OR CREMATORY LOGATION (City, town, or county) (State)
REMOVAN (Specify) 4-22-51 Reday	Bluff amapolis ma
object 22, 1951 Edward College	John M. Nayly- Con anapolis
	000/076 2018



2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY HANE ARUNDEN	MARYLAND	2. USUAL RESIDENCE (I STATE Baltimore	OME) OF DECE	ASED. COUNT nne Aru	[abg	
CITY (If outside corporate limits, write RUR. OR give nearest town) TOWN TARIELS Heights, M	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Earleigh Heights, Md.				n)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	(If rural giv	re location)		
3. NAME OF (First) DECEASED (Type or Priot) Phikip	(Middle)	(Last) IAGHER	4. DATE OF DEATH	(Month)	(Day) // —	(Year) 195/
6. COLOR ON RACE WhitE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) METTIED	8. DATE OF BIRTH 9/2/1884		day If under Months	Days Hour	ier 24 hrs Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EXECTRICAL	10b. KIND OF BUSINESS OR INDUSTRY RIRCRACT	MARYLAND	, Harford		2. CITIZEN OF COUNTRY?	WHAT , S.
13. FATHER'S NAME HENRY WASNER		14. MOTHER'S MAIDEN				
15. Was Deceased Ever In U.S. Armed Forces (Yes, no, or unknown) (If yes, give war or dates of service)		Mrs.Margaret L.	Wagner, Ran	rleigh	Heights,	Md.
I. DISEASES OR CONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION	em		INTERVAL E	
420, Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	grides	eelon		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		t
(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	h.					
19a. DATE OF OPERATION 19b. MAJOR F	INDINGS OF OPERATION				Yes	PSY?
21. ACCIDENT (Specify) PLAC OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)		
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work □ At work □	HOW DID INJURY OCC	CUR?	- 15		
22. I hereby certify that I attended the alive of Jackson, 19.5.1, and SIGNATURE	d that death occurred at	700				
23. BURIAL, CREMATION DATE THEREO Apr. 14.1		1	OCATION (City,		ty) (S	tate)
DATE REC'D BY LOCAL REGISTRAR'S Upul 14, 1951 R.W.	.951 Woodlawn	24/FUNERAL DIMETO	Woodlawn,	4	ADDRESS 510 Libe	erty
upril 17: 1921 1 1/W.		ervicus pui	wiran	5 H	eights	A

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3427

Reg. Dist. No.....

I. PLACE OF DEATH-	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEA	COUNTY	0.0	0
CITY (If outside corporate limits, write RURA OR give nearest town) TOWN		OR TOWN TO ONE	te limits, write RU	RAL and give	e nearest tow	n)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7,09 Lucena	Paux Road	STREET ADDRESS 209	Greenland	1 1/1)	vad.	
3. NAME OF (First) DECEASED (Type or Print)	(Middle)	(Last)	4. DATE (OF DEATH	(Month)	(Day)	(Year)
5. SEX 6. COLOR OR RACE	7. SENOSE, MARKED, WIDOWED, MICHOED, (Specify)	8. DATE OF BIRTH 18 %	9. AGE last hirthday	Months.	1 year If und Days Hour	er 24 hra s Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or Call), Mid			CITIZEN OF	WHAT
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME ?			
15. WAS DECRASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If year, give war or dates of service)	? 16. SOCIAL SECURITY No.	anthony l	101	109 See	enlan	I Red.
I. DISEASES OR CONDITIONS DIRECTLY Immediate cause (a)				8	INTERVAL E	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing deat	Partial h	eart Bloo	K,		## 00 00 to topo 00 000 000	
19a. DATE OF OPERATION 19b. MAJOR I	INDINGS OF OPERATION				Yes	PSY?
21. ACCIDENT (Specify) PLA SUIGIDE HOMICIDE INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR T	OWN)	(COUNTY)	(STAT	
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?			
22. I hereby certify that I attended the alive on 4, 19., an	, ,	0 000				
SIGNATURE H. Phys	(Degree or title)	ADDRESS		are unio sta	DATE SI	GNED
BURIAL CREMATION BATE REMOVAL (Specify) 4/23/	201 Holy Cons	Quetery	OCATION (City, to	own, or count	rd.	tate)
BATE REC'D BY LOCAL REGISTRAR'S REG. 9/20/9 GW	Seduch	24. FUNERAL DIRECTOR	ming 17	176 his	ADDRES	3//
1/	117	, ,	-	~	111	

CERTIFICATE OF DEATH

250	MARYLAND STATE DEI	PARTMENT OF HEALTH				
ect :	CERTIFICATE OF DEATH					
correct		I EVAMINEDO	20			
pe o	1 0	ice. Dist.	No.			
I.	COUNTY Thus brundel MARYLAND	2. USUAL RESIDENCE (HOSE) OF DECEASED. COUNTY	11 411			
gibly	CITY (If outside compose line), write RURAL and LENGTH OF STAY OR give nearest to in the Law (in) is the composite line in the law (in) is the composite line in the law (in) is the composite line in the law (in) is the law	CITY (If outside of porate lights, write RURAL and OR TOWN	give nearest town)			
n car nd le	HOSPITAL OR INSTITUTION OR STREET ADDRESS W. H. Halls Fame	ADDRESS W. H. Halls	arm			
atio ly a	3. NAME OF DECEASED (First) (First) (Alddle)	(Last) 4. DATE (Month)	(Day) (Year)			
lear	(Type or Print) CHKISIOPHEK COLUMBUS	VYTTLLHCE DEATH MYPR	. 6 1951			
info	MAWE NEGRO WIDOWED, DIVORDED,	MAR. 11. 1898 53 ym. Mont	der 1 year If under 24 hrs. hs Days Hours Min.			
of dea	done during root of growing if even it retired) 10b. Kind of Business on Industry Cocco Runes	11. BIRTHPYACE (State or foreign country)	COUNTY! S A			
very item of information carefully causes of death clearly and legibly.	HOMAS WALLACE	14. MOTHER'S MAIDEN NAME MORE LA	ND			
Supply every write the cause	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or nikogwn) 16. Yes rive was of dates of	NEOMA WALLACE L.O.	THIAN MO			
ite	18. MEDICAL CE	ERTIFICATION	INTERVAL BETWEEN			
Su	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH			
INK. please	Immediate cause (a) Coloni	ary occlusion	Sudle			
UNFADING IN t. Physicians: pl	420. / Antecedent cause(s) Diseases or conditions, if any, (b)	y selerosis	meturga			
DIN	giving rise to the above cause ast					
FAI	II. OTHER SIGNIFICANT CONDITIONS					
No.	Conditions contributing to the death but not related to the disease or condition causing death.					
Hant	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
WITH			Yes No M			
	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING COUSE OF DEATH.	(CITY OR TOWN) (COUNT	ry) (STATE)			
E PLAINLY is especially	Time (Month) (Day) (Year) (Hour) INJURY OCCURRED OF Not while Not while Not work at work	HOW DID INJURY OCCUR?				
PLA esp	22. I certify that I took charge of the remains described above, held an	Autonsy Inspection V Inquiry V thereon as	d from the evidence			
TE I	22. I eertify that I took charge of the remains described above, held an a obtained by said Autopsy, Inspection or Inquiry, find that said dece from natural causes accident , suicide , homicide ,	eased died on the dry stated above, and death in mundetermined	y opinion resulted			
WRIT	SIGNATURE (Degree or title)	ADDROSS - D	DATE SIGNED			
/ /	July 11, July fey 11. 1. Dough Medic	al Oxelline Nimapoles	10 4/6/51			
PLEASE	RISCOURT (Specify) A HAN & HAY MOS	ERY OR CREMATORY / LOCATION (Try, town, or or	A. Co May			
PLI	PRESIDENTIAL RECEIPMENT AND SERVICES AND SER	24. FUNEDAL DIRECTOR	ADDRESS			
	+ 10 / 11		1 1			

MARGIN RESERVED FOR BINDING



P.Sant

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2

	A3081 D1010 111	
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.	v 1 -
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	IVIARYLAND	HA.
OR give neglect town APOLIS (in this place)	CITY (If outside corporate limits, write RURAL and gion OR ANNAPOLIS	ve nearest town)
HOSPITAL OR INSTITUTION OR A A C C	STREET (If rural, give location)	
STREET ADDRESS A. A. Co. GEN. NOSPI.	179 GREEN ST.	
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) 6. SEX 6. COLOR OR BACE 7. SINGLE, MARRIED,	WARD DEATH 4 -	27 195
MALE WHITE Specify	s. DATE OF BIRTH 9. AGE isst hirthday If under Months 70 yrs.	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country) 12	2. CITIZEN OF WHAT
Appendix most of working life, even if retired BOAT BLDG.	1 7, 7, 60, 1/10	COUNTRY?
13 PATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17 INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 2/4-05-/353	Disse P. Ward 179 Freen ST G	mapolis 74
18. MEDICAL CE	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
- Chento Mulm	name Ted land	5 min
Immediate cause (a)	The state of the s	
Antecedent cause(s) Diseases or conditions, if any, (b) / Mynthysica , (h)	Genelesta C. V. Strand	Inn.
giving rise to the above cause giving rise to the above cause atating the underlying cause last		· · · · · · · · · · · · · · · · · · ·
(c) Whisch	This Moular Assland	mo
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19h. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR?	
INJURY m. Work At work		
22. I hereby certify that I attended the deceased from	, 197.8., to, 195./., that I last s	aw the deceased
alive on 4/17 195, and that death occurred at /	1100	
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Mannie Krammis my	Man and med	4/26/-1
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	ty) (State)
NUMOVAL (Specify) 4-30-51 (EDAR BL	LUXX ARNAPOLIS	MD
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
april 30, 1951	WOHN / ! ! NYLOROJON ANNA	POLIS MD
, , ,	5/037	8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The con is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

w/ -- 1



BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

HIMNO. G 1 32 MAY 15 1951

MARYLAND STATE DEPARTMENT OF HEALTH

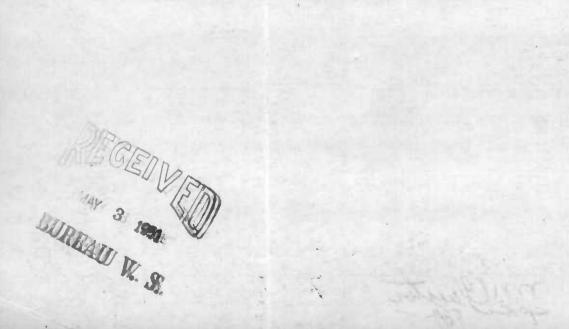
CERTIFICATE OF DEATH

2411 N. Charles Street, Baltimore

Reg. Dist. No.....

COUNTY ann aryland	STATE Maryland COUNTY a. C. La
CITY (If outside corporate limits, write BURAL and OR give nearest town) UM UM LENGTH OF STAY (in this place)	CITY (If outside conducte limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (II ural, give location) ADDRESS
3. NAME OF (First) (Middle) DECEASED (Type or Print)	Watkins of DEATH Com 39 1967
5. SEX Male (6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Wildows	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs Oct 6, 1863 97 yrs. If under 24 hrs Months. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Harming hand Frammer	11. BIRTHPLAGE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME WATERINS	14. MOTHER'S MAIDEN NAME POOPL
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	Tenneth hathus Sudley
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) 18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH TO CONSTRUCT OF THE PROPERTY OF
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Levis
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY7 Yes \(\text{No} \(\text{No} \(\text{N} \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HÓW DID INJURY OCCUR?
alive on	193, to 193, that I last saw the deceased
23 BURIAL CHEMATION DAYE 1250 NAME OF CEMETE	RY, OR CREMATORY LOCATION (City, town, or county) (Sprite)
DATE REC'D BY LICAL RECISTARY SIGNATURE	Standom West Kive Md.
REG. 5/2/51 8V.8 (Jaylor	1. a. Standity + Son Galesville M
1	820105

一份



the he

Evidence for addition in 18 shown on:

2411 N. Charles Street, Baltimore

3431

CHANO. G 132 APR 18 ISSIGER I IFICA I	E OF DEATH Reg. Dist. No	ø
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY MD MARYLAND	STATE	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
OR give nearest town) TOWN (in this place)	TOWN MARKEY PARK	A.A.Co
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6 THE GREEN WAY	STREET (If fural, give location) ADDRESS 6 THE GREENWAY	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) WILLIAM HENRY WHA	RRAN DEATH 4	8 1951
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 1/1 (DOWE)	MAY 2, 1874 76 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. Kind of Business of Industry LAR WHEEL Co	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ROBERT WHARRAN	MARTHA HANNAH	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	,
(Yes, no, or unknown) (Ii yes, give war or dates of service)	FORREST C. WHARRAN. 6THE GRES	WALREY
18. MEDICAL CE		P
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1 1 1 1 1	ONSET AND DEATE
hemorthe (L	inten of a rite	5 month
Immediate cause (a)		
40/X Antecedent cause(s)	n of aorta, nonsyphilitic	
Diseases or conditions, if any, (b)	and a state of the	100 000 000 000 000 000 000 000 000 000
giving rise to the above cause stating the underlying cause last	(4/18/51 akc)	
(c)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
24 ACCIDENT (Consider) 1 PLACE (Home form factors street	: (CITY OR TOWN) (COUNTY)	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITT OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At work		
	T CA 11 (1 1-1	
22. I hereby certify that I attended the deceased from 11-10	1950, to 4-8-, 1957, that I last se	w the deceased
alive on 4-8, 19,50, and that death occurred at	5. Find m from the servers and on the date store	ted above
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	CHOLORE BULL 25.	4.9-51
(Engent rugare Churcher, (Schritzer) 3904	2 " 60000	
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or count	y) (State)
REMOVAL (Specify) 4/11/5/ CEDAR	HILL RITCHIE HIGH	HWAY
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 10/5/ How Hedgell	CLOHN F. DENNY, INC 7/56	-164TST -30

Jan .

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

3432

I30 E. Fort Ave.

Reg. Dist. No.. 1. PLACE OF DEATH. 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Anne Arundel Maryland MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) 1 month OR give nearest town TOWN Annapolis TOWN Point Pleasant HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Naval Hospital (If rural, give location) ADDRESS Box 190 3. NAME OF (Middle) (Last) 4. DATE (Month) (Day) (Year) DECEASED WINGATE Clarence Miller 16 (Type or Print) April DEATH 1951 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed 9. AGE last birthday | If under I year | If under 24 hrs | Months | Days | Hours | Min. 6. COLOR OR RACE s. DATE OF BIRTH 9-1-1872 Male Cauc. 11. BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT done during most of working life, evon if retired)

Machinist

13. FATHER'S NAME INDUSTRY USN USA Washington, D.C.
14. MOTHER'S MAIDEN NAME William Henry WINGATE Unknown 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS Hospital Records (Yes, 70, or unknown) (If yes, give war or dates of service) Spanish American WVI INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH CEREBRAL THROMBOSIS #332 6 weeks Immediate cause 332 x Antecedent cause(s) GENERAL ARTERIOSCLEROSIS #450 Years Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last HYPERTENSION. ESSENTIAL BENIGN #444 Years 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not None related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? None Yes [No I PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY 21. ACCIDENT SUICIDE (Specify) (CITY OR TOWN) (COUNTY) (STATE) HOMICIDE INJURY OCCURRED TIME (Month) (Day) (Year) (Hour) HOW DID INJURY OCCUR? While at Not While INJURY Work At work 22. I hereby certify that I attended the deceased from March 6, 19.51, to April 16 19.51, that I last saw the deceased alive on April 16, 1951 , and that death occurred at 0538 A m., from the causes and on the date stated above.

Observe or title)

ADDRESS SIGNATURE L.D. NELSON, LTJG, MCR. USNR U.S. NAVAL HOSPITAL, ANNAPOLIS, MARYLAND 4-16-51 23. BURIAL, CREMATION | DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) REMOYAL (Specify) 4/20/5I Glen Haven Glen burnie 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS

VS. A15

PLAINLY, is especially i

WRITE

PLEASE

VS AN5

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

3433

CERTIFICATE OF DEATH

Reg. Diat. No. 2/

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	The d	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State MA County County	
How long In above place of death?	Cily or town	
Hospital, institution, or street address where death occurred:	Jenharit Game.	
perpoint Dive	Sireet No. (If rural, give LOCATION)	
How long in Maspital or Institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Michael It Man	lee 705-09-0222	
4. Sex 5. Color of face 6.(a) Single, married, widowell, or divorced	MEDICAL CERTIFICATION 44	
male white morned;	20. DATE OF DEATH April 29 4 19.51, at // Pul	
6.(b) Name of husband or with June 4. Yaske	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	1/9 195/ 10, 4/29 19.5/	
7. Birth date of	and that I last saw h J. M. allve on 4/14 18.5	
deceased (mo., day, yr. 28, 28, 1876.	Immediate cause of death	
8. AGE: Years Months Days If less than one day	Coronary Thrombois Iday	
74 6 /hrsmin.		
Manufacest.	Busin Anteriar relevotio lander	
9. Birthplace	Me 10 Magazi 2 May	
10. Usual occupation. Carpenter -		
Bo male	Due to	
11. Industry or business		
12. Name William Jaxbel	Other conditions 9.3.d.	
13. Birthplace		
14. Maiden name Unknown	(include pregnancy within 3 months of death)	
1/1	Major findings of operations	
2 15. Birthplace Sermany.	Date of op	
16. Informant Mrs. Queed V. Garkel	Antopsy results.	
Addres Tripout Areal Godadeun Med	PHYSICIAN: Flease underline the cause to which death should be charged statistically.	
- Likingl 5/3/51	22. VIOLENCE: It death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory LL AN Fill Columny	Where did Injury occur?	
Location Repolice Highway	Injured at home, farm, Industry, public place (where?)	
John Shores Noto A	Means of Injury Injured at work?	
18. Funeral director Advantage of the Control of th	10 / 41	
Address GOV ST Reliefs SI	23. SIGNATURE Q - Brady fruith, M. Jo	
" 1/30 "57 a U bad.	23. SIGNATURE	
19. (registrar) Registrar	Address / Olivery flat May Date signed 4/30/54	
	510606	